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ORIGINAL DEPARTMENT.

COMMUNICATIONS.

DIRECTIONS TO PARENTS OF DEAF CHILDREN FOR THEIR TREAT- MENT FROM INFANCY, IN ORDER THAT THEY MAY LEARN SPEECH AND LIP-READING.*

BY MISS MARY S. GARRETT,

Of Philadelphia,

Principal of School for Teaching Deaf Children to Speak.

All deaf children whose eyesight is good and who are not idiotic, can, with extremely rare exceptions, be taught to talk and can learn lip-reading, provided their parents, care-takers and teachers know how to guide and teach them. When parents discover an infant to be deaf, they should continue to talk to it, just as every mother does to a hearing baby when it is learning to talk; she does not use motions to it, because it has not yet commenced to understand her language, but she repeats over and over again to it the pet names she calls it, tells it again and again to "say papa," "say mamma," etc., etc., until it learns to understand and then to copy her words. She is keen to discover, encourage, and correct its first attempts at articulation.

The attention of the deaf infant should be directed to the mouth, with the same persistence, and it should be talked to just the same by every one who is with it. No more motions should be used with it, than with a hearing child; its attention should be always guided to the mouth of the speaker

and concentrated there. Little by little it will begin to attach meaning to the words and sentences it sees, just as the hearing child little by little learns to attach meaning to the words and sentences that it hears. People almost universally when they wish to take an infant from its mother hold out their arms and say, "Come," watching the little one for an indication in its face of its desire to be taken, or to see if it will hold out its arms to come. Thus the child learns the meaning of the word "come," but as it grows older the parent or others simply call it to come, without holding out the arms, dropping the motion as soon as the child understands the word. No more motions should be used with a deaf child than this, which amounts simply to showing the action represented by a word; the words should be indefinitely repeated, that the child may become familiar with their looks on the mouth, while the representation of an action should be dropped as soon as possible, and should never be made without at the same time showing the child the word representing it. The names of objects may be taught with the objects, which is really the way in which hearing children learn them in their homes. We must always remember that when a hearing child is learning to talk, its hearing gives it the advantage of every word spoken in its presence, while the deaf child only has the advantage of seeing the mouth of the person it happens to be looking at, or who is talking with it, and this difference must be made up to the deaf child, by a great amount of repetition of the words and language we are teaching it.

Every one with whom a deaf child comes in contact should talk to it and encourage and aid it to articulate. Deaf babies begin

* Read before the Medical Society of the State of Pennsylvania.

to say ma-ma-ma just as hearing babies do, but as a rule it is not encouraged in them; if it were, and the child properly guided to further articulation, it would talk.

Miss Fuller, principal of the Horace Mann School at Boston, quotes in her report for 1885 a part of a letter which she received "from the mother of a congenitally deaf pupil, now seven years of age, who is able to use speech and to understand it upon the lips of others to a remarkable degree." Miss Fuller says further, that the letter "shows what a mother had done before her child entered school at the age of four years."

The mother writes: "In trying to recall what Bertha learned in the first three years of her life, I realize the fact that it was through ignorance of her total deafness that we taught her anything. Thinking all the time, that she was very backward in learning to talk, we took unusual pains with her, saying over the simple words that children catch so easily. If we had known at the beginning that she heard nothing, when we spoke to her, I am afraid instead of teaching her what little we did, we should have been discouraged and used signs. As it was, she had learned to speak many words before she entered school. 'Papa' and 'mamma' were the first words that she learned. We would say, 'Come and see papa,' or 'Come and see mamma,' and at the same time hold out our hands to her. In a short time she learned to recognize us by these names and call us by them. To be sure, the words sounded very much alike when she spoke them, but hearing children often speak imperfectly at first. When she was sitting on the floor, I would say 'Up' to her, and partly lift her, so that she soon learned what the word signified, and would say, 'Mamma, up.' She always lived among uncles and aunts, who have helped us in teaching her to talk. None of them ever used signs with her, but talked as with a hearing child. When quite young she learned to call them by their respective names. If she wanted to go to one of them she was induced to say 'Auntie Jennie,' or 'Uncle George,' before she was gratified. In the same manner she learned to speak the name of any object that interested her. To teach her that she must not play with the stove, I showed her that it soiled her hands, and told her they were 'all black.' If she disobeyed, she would come to me, hold up her hands, and say 'All black.' At one time we lived in a house with a family, to whom Bertha became very much attached. She learned to call them

by name, and when we took her to see them, we always asked her if she wanted to go up-stairs. It was not long before she would say 'up-stairs' to us, many times in the day, meaning to ask us if she could go up.

In this way we did what we could for her until we took her to school. The manner in which we had begun with her was very kindly commended, and we were advised to continue talking with her and teaching her words, which we have done. None of her questions, and they are very numerous, are ever allowed to go unanswered. We always encourage her to talk to us about her play and everything that interests her, and try to explain what she does not understand. But our feeble efforts seem like nothing in comparison with what her teacher has done and is still doing for her. We appreciate it all, and only hope that Bertha may long remain under her skilful guidance and care."

No one should be allowed to make motions or signs to the child, or to teach it the manual alphabet, as it grows older. It should be strictly trained to depend on lip-reading and that alone. When the child is old enough, it may be taught to write words and sentences as soon as it can articulate them and read them from the lips, but not before.

There are no doubt mothers who would be skilful enough in training their children from the beginning so that they would never need to go to special schools for the deaf, but could be taught with the hearing; probably, however, the majority of parents would need to send their children to schools taught by specially trained articulation teachers, for awhile at least. Such teachers should be equally strict that all communications with their pupils, in classes and out of classes, at the table, on the play-ground, and on all occasions, should be through speech and speech alone. It is the universal experience that hearing children who study French and German in English schools, where all their lessons, outside of these special classes, are recited in English, do not learn to speak these languages. If deaf children are given special lessons in articulation in schools where they see signs and the manual alphabet used constantly around them, and where they use them in the play-ground, at the table or in their classes, the cases where they become proficient in the actual use of speech and lip-reading will be as rare as of those hearing children who become proficient in French and German under similar circumstances.

Children or grown persons who lose their

hearing through sickness, should at once be trained to read the lips and encouraged to talk just as they did before, and they should as studiously be kept from all contact with signs or manual alphabet as the congenitally deaf.

Miss Emma Garrett, Principal of the Pennsylvania Oral School for the Deaf at Scranton, Pa., describes in the January number of the *Annals of the Deaf* for 1886, the case of a pupil of hers. He was a young lad who lost his hearing in May, 1885. Under her direction he was induced to continue to talk as before and to depend on lip-reading alone for his communication with others; after spending a very few weeks under her instruction in the autumn, he was able to take his place in the hearing school which he had formerly attended, and all his communication there is through speech and lip-reading. There is a great difference in the aptitude of this class of the deaf for acquiring lip-reading; some seem to be what might be called natural lip-readers, and learn it from their associates simply by watching their lips, while others need training from special teachers. All such persons should, however, train themselves or be trained to depend on lip-reading and speech, and not on writing.

It needs very little reflection on the part of intelligent minds to estimate the difference in the life of a person who is able to understand the speech of those around him, and to make himself understood by them, from the life of one who knows only signs and the manual alphabet, which are almost unknown outside of the institutions where they are taught.

As there is only one deaf person to every 1500 hearing persons in our population, it behooves us to help that one deaf person to fit himself for communication with those 1500. We cannot expect the 1500 to learn manual alphabets or arbitrary signs to suit the one deaf person.

There is a popular delusion that the vocal organs of deaf children are defective; the fact is, that such cases are rare exceptions, and that as a rule their vocal organs are normal. The articulation of consonant sounds depends on certain positions of the lips, tongue, teeth and palate. The quality of vowel sounds depends on certain positions of the tongue. Any deaf child who can cry, and scream, and has lips, tongue, teeth and palate, has the necessary vocal organs.

The deaf children are capable of being taught by the *Pure Oral Method*, and the method is a success when parents, care-takers

and teachers know how to apply it. It is possible for deaf born children to learn speech and lip-reading after they begin to go to school, if they have competent teachers, but much time would be saved and far better results obtained if parents would do their part before the child is sent to school.

Great results have already been gained through the Oral Method, and I have no doubt that greater and better results than any already obtained await us in the future, as the method becomes more widely and more strictly and intelligently applied. The oral pupil who has the least amount of intelligible speech and of lip-reading compared with his fellow oral pupils, has just that much advantage over the most expert maker of arbitrary signs and the manual alphabet, which are sure to be as unintelligible to the general public as our speech is to the sign-maker.

The more perfect we can make the speech of the deaf, and the more skilful we can train them to be in lip-reading, and the greater the amount of language we can teach them, the happier and more independent they will be.

LAPAROTOMY FOR PISTOL-SHOT OF ABDOMEN.

BY J. Mc F. GASTON, M. D.,
Of Atlanta, Ga.

For the history of this case at the outset, the following brief statements of Dr. C. C. Quillan are given:

He was called before daylight, December 26, 1885, to visit W. O., a colored man, about thirty years old, who had been shot at short range with a pistol, but size of ball not known, immediately below the point of last rib, on the left side, and found the patient in a very prostrate condition. He was almost pulseless, with consciousness very much impaired, which was attributed to shock. It was with difficulty that he was induced to take the alcoholic stimulants which seemed to be indicated, and it was found only after five or six hours of persevering efforts that he rallied. He was subsequently given morphine to allay his sufferings upon reaction.

An examination showed little change from the normal temperature—tyimpanitis manifested itself early that day.

The treatment during the two following days was confined to spirits, with a view to composure, and the prevention of the peristaltic action of the bowels, in anticipation of peritonitis by him and Dr. W. B. Parks, in consultation.

Nothing could be learned from the relative position of the offending and the offended party as to the probable course of the ball, but it was inferred that it had penetrated the peritoneal cavity. Noting great increase of the abdominal distension, with sensitiveness on pressure, enemata were given on the third and fourth days without effect.

The temperature in the mean time had gradually increased from 101° on the second day up to 103° Fahrenheit on the fourth day, with thirst and great distress from the distention of the abdomen pressing up against the diaphragm. The tension seemed to threaten disruption of the parietal integument.

Four days had elapsed after the receipt of injury by the pistol ball when my attention was called to the patient, and the indications of peritoneal inflammation, by local as well as constitutional symptoms, made the prognosis of the gravest order; yet in consideration of a certain fatal termination without laparotomy, it was thought expedient to perform this operation as a *dernier resort*, after an exploratory puncture of the walls.

Upon completing the incision in the *linea alba*, with a deviation at the umbilicus, the distended intestines protruded; and the arch of the colon, being most salient, was punctured with the same trocar which had been used for the preliminary puncture in the parietal wall. There was a free discharge of gas, leading to collapse of the large intestine, but without any diminution of the distention of the small intestines. The ileo-cæcal attachment being sought with the fingers, they were carried along the ileum until several feet of this canal were brought outside of the abdominal walls and protected by cloths wrung out of warm carbolized water, when a puncture was made through its walls, leaving only this portion of the intestine exposed, while gentle pressure was made through the wrapping, to expel the gas from the protruded coils, which intervened between the opening and the ileo-cæcal attachment.

The prospect seemed favorable thus far in employing the canula of the trocar, for the escape of the gas in the first instance, and subsequently of fluid accumulation. Again, I proceeded to draw out another portion of the intestine, keeping this, as the previous part, covered with the cloths soaked with warm carbolized water, and finding still great distention, another puncture was made for its relief. Thus the several segments were dealt with until six punctures had been

made in the course of the small intestines; and yet there remained in some portions of the canal considerable gaseous distention, owing to the angular folds of the bowel, which precluded its passage, even under pressure, from the openings in the intestinal walls.

Each of these orifices was closed by two crucial stitches of catgut suture, so as to obviate the escape of fluid contents into the peritoneal cavity subsequently; and this mode of procedure seemed preferable to incisions, which have been recommended, as the number of such incisions that would have been requisite must have necessitated delay in suturing them, which should be obviated so far as possible when the cavity of the abdomen is exposed, as in this case.

Moreover, there is no trouble from hemorrhage in making the puncture with the trocar, and by the use of the canula all the fluid discharge is more effectually carried away from the peritoneal cavity. Having traversed the entire tract of the small intestines without discovering any perforation from the ball, this mass was kept covered with the moist warm carbolized wrappings outside of the abdominal walls, while a close examination of the colon was undertaken by the touch and by sight so far as was practicable with the light of a kerosene lamp held by an assistant. Commencing again at the ileo-cæcal connection, no lesion was discovered until the secondary colon was reached, where a recently-formed band of plastic matter bound the walls of the large intestine to the parietal wall on the left side, immediately over the position of their natural attachment outside the peritoneum. This deposit was sufficiently firm to arrest completely the progress of the contents, and to prevent the passage of even the gaseous accumulation that had occurred above it, but offered little resistance to very slight force with the fingers, so that it was torn loose and the lumen of the colon was restored. Upon searching for the inner orifice of the ball in its passage through the parietes, it was found on a careful palpation of the peritoneal lining membrane to indicate a somewhat oblique direction downward from the opening made in the integument, which was already agglutinated, as no suppuration ensued.

Upon comparing the course taken with the site of these orifices in line with the exudation, there was evidence of abrasion of the outer coating of the wall of the colon at this point, but without penetrating its cavity. There had not occurred any perforation of the walls of either the small or large intes-

times, and yet hemorrhage had ensued, so as to leave a considerable sanguineous collection within the abdominal cavity that had undergone decomposition. The extension of inflammation from the local injury to the parietal membrane was not as serious a feature as the entire obstruction of the large intestine by the plastic lymph, which formed a constricting band at the seat of injury; and yet there was indication of general peritonitis, or at least engorgement of the serous membrane throughout the cavity, and in its reflexions over the intestines.

The failure to give exit for the gas, accumulated in the several sections of the small intestines, by six different openings in various portions of the canal, can be explained by the closure of its lumen from the angular folding of the walls induced by the distention with gaseous contents. It would have seemed a natural result, that all the gas collected anywhere in the vicinity of such an opening should have escaped through the canula of the trocar with gentle manipulations; but there still remained considerable distension in each coil of intestine. The colon, not admitting of such reduplication of its walls, was completely emptied above the constriction by a single opening with the trocar; and yet the accumulation beyond the ileo-cæcal valve did not find its way out, so that a large tube reaching up into the sigmoid flexure, or even to the arch of the colon, cannot be relied on to remove gas from the small intestines. This does not result from any impediment at the ileo-cæcal connection, as there existed nothing there to prevent the forward expulsion of the flatus, but it is caused undoubtedly by the doubling of the canal upon itself at sharp angles from the great distention. If an ordinary flexible rubber tube be bent upon itself at an acute angle, it will obstruct its lumen so that neither fluid or gas can pass through it; and in the same manner the arrest occurred in this case from the angular flexure of the intestinal tube.

While the coils of the small intestine lay outside of the abdomen, the cavity was relieved of the decomposed sanguineous deposits by sponges wrung out of warm carbolized water; as this was a more expeditious mode of proceeding, and was greatly facilitated by the open space in the absence of the bowels from the cavity, it was adopted, with a full conviction of the greater benefits of thorough washing over mopping out impurities.

Less time was consumed with sponges for the purpose of cleansing the interior sur-

faces than by the flooding process, which is preferable under ordinary circumstances for making the toilet of the peritoneal cavity, and which I have inculcated in reporting a case of laparotomy elsewhere. This being accomplished satisfactorily, the bowels were returned by commencing at the duodenum and gradually passing in the coils of intestine, some of which were still so much distended as to present considerable difficulty in getting them all within the parietes; but as the obstruction below was now removed, it was expected that the diffusion of the local accumulation would afford relief to the entire tract of the canal.

To save time, that seemed a matter of paramount importance in the extremely prostrate condition of the patient, the iron-dyed silk sutures were passed through the entire thickness of the parietes, including the peritoneal lining, and thus the abdominal wound was closed, leaving only space for the drainage-tube at the lower angle. The patient rallied from the chloroform, but notwithstanding the subcutaneous use of brandy, he succumbed shortly afterwards. The autopsy on the following day by the county physician verified the observation that no perforation of the intestine was made by the ball, yet it was not found upon exploration of the abdominal cavity.

In my article upon "Obscure Impediments of the Intestinal Canal," in the December number of *Gaillard's Journal*, a case of gun-shot wound of the abdomen is reported, in which a very similar obstruction of the descending colon occurred; this obstruction was accompanied with an ulceration of the coats of the canal about their agglutination to the parietes, leading to extravasation of fecal matter into the cellular tissue, and a cloaca extending downward along the margin of the quadratus. Fluctuation being perceived through the integument, an exploring needle detected a fluid fecal collection. But the true source of this accumulation was not discovered until the autopsy proved its origin to be from the ulcerated communication with the left curvature of the arch of the colon.

In that case, as well as the one now reported, it was found impracticable to force any considerable portion of the enemata into the bowels, owing to the regurgitation of the fluid by the side of the injection pipe, and it was inferred that some obstacle to their passage existed. An exploration of the colon with the hand in each of these cases would perhaps have enabled me to open up the communication between the up-

per and lower portions of the large intestine. My preconceived objections, founded upon unfortunate results of this proceeding in the experience of others, would not prevent me, nor should they deter others, from undertaking this measure of relief in similar cases, when the large elastic tube fails to overcome the impediment.

CIRCUMSCRIBED PERITONEAL DROPSY SIMULATING OVARIAN DROPSY.

BY H. P. C. WILSON, M. D.,
Of Baltimore, Md.

(Concluded from page 711.)

Dr. West, in his work on Diseases of Women, says: "One instance of this latter occurrence has come under my own observation, in which between four and five quarts of a dark fluid were collected between folds of the omentum, and during the patient's lifetime frequent discharges of a similar fluid had taken place from the umbilicus. The dropsy had during the life of the patient been supposed to be ovarian; but though malignant disease of both ovaries was discovered, yet neither of them contained fluid at all similar in character to that which was found in the omentum; nor, indeed, could either be detected till after the fluid in the omental cyst had been let out. I am aware of no means by which such cases are to be discriminated from ovarian dropsy. As far as I know, their nature has scarcely ever been suspected during the lifetime of the patient."

Dr. T. Spencer Wells reports a case in which he suspected ovarian dropsy. He carefully opened the abdominal cavity below the umbilicus. No cyst appeared. A large quantity of opalescent fluid escaped. The whole peritoneum was studded with tubercles. Some coils of small intestines were floating, but the great mass was bound down with the colon and omentum, towards the back and upper part of the abdomen. She went through a sharp attack of peritonitis, but recovered, and has been well ever since the operation. No more fluid was secreted, and the patient regained health and strength, and married. The operation was done in 1862, and Mr. Wells reports the woman well in 1881.

I might report many other cases of circumscribed peritoneal dropsy, so simulating ovarian dropsy as to lead to an erroneous diagnosis, which was only rectified by an ex-

ploratory incision or a post-mortem examination, but I will not weary you further.

The greater my experience, the more I am impressed with the propriety of such incisions in all cases of abdominal tumors where life is involved. I am convinced that many more lives are lost for the want of such incisions than on account of them.

To Dr. Robert T. Wilson I am indebted for the following history, as well as the treatment of the case subsequent to the operation.

First day, 15th February, 9 p. m.—Temperature 103°, pulse 120, respiration 22. Abdomen distended. All dressings were removed, and the abdomen covered with cloths, wrung out of cold water, to be renewed every few minutes throughout the night. Pulse feeble. Gave 10 drops of tincture digitalis every two hours, and a teaspoonful of very hot water occasionally. At 9:35 p. m. she was given 20 m. of muriate of quinia and urea, hypodermically, and ordered half an ounce of milk every two hours. At 10 p. m. she was becoming restless, and was given 10 m. of Magendie's solution of morphia under the skin.

Second day, 16th February, 7:30 a. m. Temperature 101½°, pulse 100, respiration 20. Had a good night. Took nourishment well. Passed urine and also flatus freely. Had no nausea or pain. Tongue dry. Gave hypodermically 7 m. of Magendie's solution. Digitalis, cold applications to abdomen, and milk continued. A teaspoonful of whisky was added to each portion of milk.

1 p. m.—Temperature 100½°, pulse 92, respiration 20. Tympanitis great, but continues to pass flatus freely. Urinates freely. Bears her milk, whisky, and digitalis well. Treatment continued as before.

4:30 p. m.—Temperature 101½°, pulse 104, respiration 24. Pulse stronger. Tympanitis increased. No unusual tenderness after such an incision. No pain. Is calm and comfortable. At 3:45 vomited for the first time. She attributed it to the whisky, which was always disgusting to her; so it was stopped by the mouth, and 3ij were given per rectum every six hours. 3j of milk and 3ij of lime water were given by the mouth every two hours. Cold water dressings and digitalis continued as before. Tongue still dry.

Third day, 17th February, 8 a. m.—Temperature 98°, pulse 100, respiration 20. Pulse stronger. She passed a comfortable night. Had no nausea nor vomiting. No pain. Passed urine and flatus. Took nourishment well. All treatment continued as yesterday.

3:45 p. m.—Temperature 98½°, pulse 112, respiration 20. Has had two liquid evacuations, passing urine and much flatus at the same time. Stopped whisky enemas, and gave 25 drops of laudanum in an ounce of starch water, ordering the same to be repeated after each evacuation; she required no more. This enema and the two small hypodermics of morphia reported above, is all the opium given in this case. 3ij of sherry wine every three hours, by the mouth, were ordered, as she thought she would relish it; but it was soon discontinued, as it became distasteful. Tympanitis still great. Milk and lime water, digitalis and cold water dressings continued. Tongue more moist.

Fourth day, 18th February, 9:30 a. m.—Sleeping. Pulse 100, respiration 18. Had a good night, and bore her nourishment and medication well.

5 p. m.—Temperature 99°, pulse 100, respiration 20. Has passed much flatus. Abdomen soft, and bears pressure well. Abdominal wound united by first intention. She expresses herself as very comfortable. Treatment continued.

Fifth day, 19th February.—Temperature 98½°, pulse 100, respiration 20. Doing well. Tongue moist. Abdomen soft. Taking 3ij of milk every two hours, with lime water. Treatment continued.

Sixth day, 20th February.—Temperature 98½°, pulse 100, respiration 20. Doing well, and treatment continued.

Eighth day, 22d February.—Temperature 100½°, pulse 100, respiration 20. A small abscess opened along one of the wires, which no doubt sent up her temperature. Abdomen soft and no tenderness. Tongue moist. Appetite ravenous. Wants "middling and greens." She is now allowed all the milk she wants, a soft-boiled egg for breakfast, and good soup for dinner. She had some sweating last night, and was ordered 3j of infusion of cinchona bark, and 25 drops of aromatic sulphuric acid in it, three times daily. She is bright and cheerful and jokey, and expresses herself as feeling very well. The digitalis was stopped.

Sixteenth day, March 2d.—The patient has had no unpleasant symptom since last report, except the formation of several abscesses along the wires. They united, and caused a superficial gaping of the abdominal incision. This is rapidly closing by granulation. She looks much improved since the operation. Appetite good; sleeps well; bowels regular; is cheerful and bright, and out of all danger.

A SIMPLE REMEDY FOR CHRONIC DIARRHŒA.

BY T. C. SMITH, M. D.,

Of Aurora, Indiana.

A means of cure that is very simple is very liable to be neglected or overlooked, while a remedy with a dignified name and an honorable therapeutic history is chosen instead. We do not offer the remedy we are about to name as one original with us. It was gathered from one of our leading journals a long time ago, and stowed away for future use, if memory should not prove too treacherous to permit its recall. It was first, as far as I remember, suggested by "some old woman" to a physician in Missouri for chronic dysentery. He was wise enough to try it and profit by its use. He found it to surpass his expectations by very far, and finally published it to the world, though I doubt whether the world noted it or cared for it. The remedy was too insignificant to be worthy of remembrance, perhaps, in the minds of a noble, dignified profession that never (?) deals in little things.

Mr. X., an old man, formerly a Mexican soldier, came to me about two years ago for another disease, but incidentally mentioned his chronic diarrhœa, which he said had afflicted him most of the time since he was in the Mexican war nearly forty years ago. Soon after his recovery from the trouble for which he applied to me, I ordered for him a saturated solution of salt and cider vinegar, of which he was to take a drachm three or four times a day. I had little expectation of benefit for him. However, he returned no more for the remedy. Meeting him some months later, I asked him about his chronic diarrhœa, when he said, "That salt and vinegar has cured me." He did not have it again for eighteen months, when it returned. The remedy was again used, but I do not now know with what result.

Mrs. L. had been the subject of dyspepsia and chronic diarrhœa for about five years, "had suffered much of many physicians," etc. She came under my care about fifteen months ago, during accouchement. Her depraved condition of blood, dyspepsia, and chronic diarrhœa, in connection with the heavy strain of gestation and delivery, caused her to run down so low that her life was despaired of, and at each visit I expected to see crape on the door.

It would take pages to tell the course of treatment pursued by myself first, and after that under advice of counsel. I will omit all that as tedious and needless. Suffice it to

say that at last, and not from any special hope of benefit, I placed her on the salt and vinegar in half-drachm doses every four hours. There was little change for some days, but it was continued. Then she begun to have control of her passages, a little food was digested and retained, and from that time on she improved slowly until recovery was fairly good. Within the last two months there has been a slight return of her old dyspepsia and diarrhoea, but under this simple remedy it has again quite disappeared, and she is gaining flesh.

Other less severe cases could be given where the relief was prompt and seemingly thorough. Whether this remedy will act well in all of this class of cases may be reasonably doubted. Nor do I yet have an unbounded faith in it. A few cases are not enough to establish its merits or fairly test its value. Time will soon discover both of these, for its weal or woe.

I will not insult the intelligence of readers by attempting to give its mode of action. I will only suggest that our common salt is not used as a remedial agent as much as it justly deserves. Like many other valuable agents, it is by far too common; but what is easier than to enclose a dose of salt in a capsule, and give it as we would any other remedy of a dignified name, or we can dignify it, if need be, with its technical designation.

MEDICAL SOCIETIES.

BALTIMORE GYNÆCOLOGICAL AND OBSTETRICAL SOCIETY.

Stated meeting held April 13, 1886.

The President, George W. Miltenberger, M. D., in the chair. Wm. E. Moseley, M. D., Secretary.

DISCUSSION ON DR. W. P. CHUNN'S PAPER.

(Read at last meeting.)

Dr. P. F. Mundé said he had operated twice for the removal of uterine fibro-myomas. In the first case he was able to find the second ovary only after complete removal of the tumor. The ovary was adherent deep in Douglas' pouch, and had to be ligated *in situ*. The stump was secured by long pins and constricted by a wire serre-noeud, which came away on the sixteenth day. The second case was diagnosticated to be a semi-solid ovarian cyst, but proved to be a myoma attached to the uterus by a long pedicle. Palpation was obscured by oedema of the fat abdominal walls. The growth

was adherent to all surrounding tissues, and in its removal both the mesentery and intestines were unavoidably torn. All rents were immediately sutured. In the after-treatment of the case, a saline solution was transfused into the patient's blood. Secondary hemorrhage ensued, when a second transfusion was resorted to and the wound opened, and bleeding points secured, but, in spite of all, death ensued after 36 hours.

In one case of double ovariectomy, with some adhesions, he had hesitated until the last moment about introducing a drainage-tube, because there seemed to be no oozing whatever, but finally did so, and the next morning he removed some ten ounces of bloody serum through it, which discharge continued several days. He thought oedematous abdominal walls were not at all common in connection with ovarian cysts.

Dr. W. P. Chunn said he would like to state, in regard to his case, that he considered his patient as now fully recovered. The urinary fistula has entirely closed, the woman is up and about and rapidly gaining strength and flesh. Since the last meeting he has looked up the subject of the action of the adhesions attaching the pedicle to the abdominal walls, and found that his opinion, as expressed in his paper, that the adhesions would, in time, become stretched, so as to allow the remaining portion of the uterus to resume its normal position, was in accord with the views of Dr. T. A. Emmet. Also that the opinion advanced, that by the stretching of the adhesions the fistula would become obliterated, had been verified.

Dr. T. A. Ashley remarked that there was one fact in connection with the case reported by Dr. Chunn which greatly interested him. He had reference to the occurrence of an ovarian tumor in a negro woman. He was convinced that ovarian tumors were of the rarest occurrence in the negro race. He had investigated the literature of ovariectomy very fully, and was surprised to find so few references to this fact. Neither Wells, Keith, nor Tait, have reported ovarian tumors among negro women, but this omission was satisfactorily accounted for on the ground that these operators seldom treated negro women. In the United States, and especially in the southern portion, where a large negro population resided, one would expect to find reports of ovariectomies among these women, unless they were exempted from such pathological conditions by race peculiarities. Dr. Ashley said the only cases he could find in his researches through various authorities were one case reported by Dr. W. L. Atlee,

and the case reported by Dr. Chunn. He had no doubt other cases had been observed by operators, but he had not been able to find records of them. His attention was first called to this subject several years ago by a case which came under his observation through the courtesy of Dr. J. M. Hundley, of this city. The patient was a negro woman, between 40 and 45 years of age, whose abdomen contained a large cystic tumor, which was undoubtedly ovarian in its nature. The physical signs, history, and condition of the patient were those of an ovarian cyst. The only facts which could render the diagnosis doubtful, were the race peculiarity in respect to ovarian cysts, and a failure to corroborate this opinion by an ovariectomy. An operation was urged, but declined by the patient. Subsequently the patient induced another physician to tap the cyst with a trocar, and she died very shortly thereafter. As the case passed from under Dr. Hundley's observation, the name of the physician who performed paracentesis and the complete history of the case were not obtained. Dr. Ashley was satisfied as to the correctness of his diagnosis, and the only doubt which arose in his mind was created by the very rare occurrence of ovarian cysts in the African race. The patient referred to had about one-fourth white blood in her system, which may have some connection with the history of ovarian cyst.

Dr. P. C. Williams read the following paper:

An Unusual Case of Post-partum Hemorrhage.

Strictly speaking, "post-partum hemorrhage" is limited to the puerperal process attending or immediately succeeding the third stage of labor. In that sense, the case I am about briefly to report is incorrectly named, but it is difficult to designate it in other terms, and I have ventured to call it "An unusual case of post-partum hemorrhage." February 1, 1886, Mrs. S., a strong, healthy, well-formed woman, was confined with her first child. The labor presented no complication, and was completed within a reasonable time under the influence of a moderate quantity of chloroform. The placenta was examined and was found to have come away entire, with but very slight loss of blood. There was an abundant flow of milk on the third day. The convalescence progressed perfectly until the fifth day, when I was sent for with great urgency. I was soon at the house, and found the lady flooding violently; the bed filled with blood, and the woman pulseless and prostrated to an

alarming degree. The nurse had already given two teaspoonful doses of fluid extract of ergot, and had applied ice freely to the abdomen. Placing my hand on the abdomen, I found it filled with the womb, which was distended to the size of an eighth-month pregnancy.

Recognizing the gravity of the position, I immediately administered, hypodermically, a drachm of fluid extract of ergot. I then inserted my hand and emptied the womb of the clots which had so largely distended it. As soon as it was emptied, I made constant, strong pressure upon the abdomen, and soon found that the ergot began to act, and produce decided contraction of the womb. I then gave another hypodermic dose of ergot, which, with the continued pressure upon the abdomen, *maintained* the uterine contraction, and the hemorrhage was checked and never returned. The woman was frightfully reduced by the great loss of blood which she had experienced, but she soon began to rally, and went on to a steady and complete restoration of health.

I was at great loss to explain the cause of this excessive and unexpected hemorrhage. I had seen my patient at 10 o'clock that morning, when she was apparently perfectly well. At 1 o'clock that night was sent for and found the condition I have described. What could have produced the hemorrhage? The woman was about twenty years old, had always enjoyed uninterrupted health (I had known her since her birth), had had no trouble during her period of pregnancy, her confinement was a little tedious, but perfectly natural; there was very slight loss of blood during the labor, the placenta was expelled *entire*, and the progress of the case was unusually satisfactory until the eighth day, when the sudden change took place that produced the formidable hemorrhage above described. Upon careful inquiry, I finally ascertained, through the lady's husband, that she was in the habit of putting herself to sleep by the inhalation of *chloroform liniment*, with which she saturated a handkerchief and applied it over her nose and mouth. This liniment consisted of two parts tinct. camphor, and one part each of tinct. aconite and chloroform. She had inhaled this liniment night after night for several weeks before her confinement, and had gradually increased the quantity, until she used *eight or ten ounces every night*. The night in question she had used it with unusual freedom, and at 1 o'clock it had affected her so profoundly as to produce this alarming hemorrhage. She was made to

understand the great danger her continuing the inhalation of the liniment and readily consented to abandon its use entirely. For a few nights, I gave hypodermic doses of morphia to secure necessary sleep. The dose of morphia was gradually diminished, and after *ten days* was wholly discontinued. This case interested me greatly.

1. It was the first of the sort that I had ever seen.

2. It proved the great power of the hypodermic use of ergot in controlling uterine hemorrhage. In this case, as in others in which I have used it, its effect was almost instantaneous.

3. It is wonderful that any one could habitually inhale a mixture containing so much aconite, viz., two ounces to the half-pint, and experience so little constitutional injury; as both before and after the hemorrhage referred to, her health has been perfectly good and has so continued until the present time.

Dr. B. B. Browne asked Dr. W. if any remains of placenta or membranes were found in the clots passed by his patient, and cited a case reported by Dr. Coskery before the Clinical Society. In this case, examination of the placenta seemed to show that it had come away entire, but in the inner surface of the uterus, which was removed post-mortem, there was quite a mass of placental tissue. Dr. Browne referred to a case of post-partum hemorrhage which he had recently seen, in which the fld. ext. ergot injected hypodermically seemed to produce rapid contraction of the uterus, but as an intra-uterine injection of equal parts of vinegar and very hot water was used at the same time, it was impossible to tell which was the most active in checking the hemorrhage.

Dr. C. H. Riley said he had seen one case somewhat similar to Dr. Williams'. The patient, a primipara, got along very well for about a week following labor. At this time, to determine the exact position of the uterus, he introduced a sound with great care, but the examination was followed by profuse flooding. He tamponed the vagina, and left the tampon in for two days. There was no return of the hemorrhage.

Dr. G. Lane Taneyhill stated that he had used Bonjeau's preparation of *ergotine* hypodermically with admirable results in cases of post-partum hemorrhage. Thirty grains of the *ergotine* were dissolved in 450 drops of glycerine, and 20 drops of this solution were injected. It was not necessary to repeat the injection.

Dr. Ashley remarked that whilst the treat-

ment of post-partum hemorrhage was being considered he would say that he had had an experience with vinegar as a hæmostatic in post-partum hemorrhage, which confirmed his opinion in regard to its great value in cases which could not be controlled with ergot and other agents. He then related a case of violent hemorrhage coming on at the time of delivery from an atonic and fagged out uterus. He gave ergot hypodermically twice, injected hot water into the uterus, used pressure and taxis; still the uterine contraction was unsatisfactory, and the loss of blood was kept up. He next called for vinegar; a half-gallon or more was emptied into a basin, and with a Davidson syringe a stream was gently injected into the uterine cavity. Before the basin was emptied, the uterus began to contract firmly. Hemorrhage ceased promptly, and did not return. Dr. Ashley believes that vinegar acts both as a hæmostatic and as an antiseptic. He favored the plan of using the syringe instead of a sponge, as recommended by the late Dr. Penrose. The long tube of the syringe could be carried well into the uterine cavity. There was less danger in this than from the introduction of the hand.

Dr. George W. Miltenberger said that Penrose and Wallace had stated that they considered vinegar, applied to the inner surface of the uterus, the most powerful hæmostatic in use. They had never known it to fail either in their own hands or in those of their students.

Dr. L. E. Neale related a case from his own practice (hospital), of secondary post-partum uterine hemorrhage, occurring on the *ninth* puerperal day, and resulting fatally. The patient, an Irish woman, age 25 years, primipara, was delivered by low forceps operation, at the University Hospital, March, 1885. The cervix and perineum were uninjured, the placenta came away entire, the third stage being normal. A mild attack of puerperal fever readily yielded to appropriate treatment. She was considered out of all danger and in excellent condition, when on the *ninth* puerperal day, in the absence of all attendants, a violent uterine hemorrhage occurred and ceased spontaneously, leaving her moribund. She died on the following morning. Dr. N. considered the hemorrhage in this case too profuse and sudden to be explained otherwise than by some form of atony of the uterus. He had never attended a case of severe or dangerous post-partum hemorrhage ("*flooding*") in his own private practice, but, from what he had been taught and had clinically observed, he thought the

immediate introduction of the hand in utero (the obstetrician's hand whilst attending a case of labor should always be aseptic), with or without ice, and squeezing the uterus between the hand without and the fist within, the quickest and surest means of relief. He would also use ergot hypodermically.

Dr. Williams remarked that some years ago he reported before the "Medical and Chirurgical Faculty" some cases in which he had used ergot hypodermically in post-partum hemorrhage. In one case he first passed ice within the uterine cavity, then his hand, and scratched the lining membrane, without producing any contractions. He then injected ergot into the thigh, and as soon as possible re-introduced his hand into the uterus, when, almost immediately, it contracted firmly. This was the case which suggested to him the hypodermic use of ergot. He considered the fluid extract of ergot a more reliable preparation than ergotine. He makes it a rule to instruct every woman, whom he is engaged to attend in labor, to have on hand chloroform and fluid extract of ergot, and always give ergot at the end of the labor.

Dr. H. P. C. Wilson said he always followed the rule laid down by Dr. Williams in requesting his patients to have chloroform and fluid extract of ergot on hand before labor begins; but he never gives ergot before the expulsion of the child, and only then when there is any indication of absence of prompt and firm contraction of the uterus. We have, in the hand introduced into the uterus, the means of promptly arresting post-partum hemorrhage, while other agents, to be used if necessary, have time to secure permanent contraction of the organ. He had confidence in the *hand* as a *curette*, in hot water and in ergot in the above cases, but he did not approve of giving ergot after every case of labor, as it insured to the large majority of women unnecessary suffering in excessive after-pains, and he only used it in cases where there were indications of the occurrence of excessive hemorrhage. He could recall one case where ergot by the mouth, rectum, and hypodermically, failed to control the hemorrhage, and when manipulation of the uterine cavity with the fingers was equally inefficient. The uterus would contract and expand again and again under these remedies, and the hemorrhage, with each expansion, was frightful. This woman was saved, when almost moribund, by passing the hand into the uterus, and with long finger nails raking the whole mucous surface thoroughly for several minutes. She lost no more blood after this manipulation.

In another case of post-partum hemorrhage, when ergot and the hand and ice in the uterine cavity failed, he had saved the woman, when cold and pulseless, by throwing very hot water into the uterus. In this case a pint or two of hot water would cause the uterus to contract and check the bleeding, but so soon as the irrigation was stopped the uterus would expand, and it was only after pulling the woman's hips over the edge of the bed, with a tub under her, and pumping in gallons of hot water, that he succeeded in producing permanent uterine contractions and arresting the hemorrhage. With the means now at our command, the doctor had come to the conclusion that very few, if any, women should die of post-partum hemorrhage.

Dr. W. E. Moseley had found intra-uterine injections of hot water a very safe and certain method of checking hemorrhage from the endometrium. So far it had never failed him. It must be used in large quantities and hot, not less than 115° or 120° F.

Dr. Taneyhill exhibited a five months' fetus enveloped in its amniotic sac, with the placenta completely (in all its surface) attached to the sac, which was voided by Mrs. H. H. at 2 a. m., April 12, in consequence of having taken a long walk, and on returning slipping on an orange rind. She has bilateral laceration of cervix, has had three children, one miscarriage, and three premature births. No unusual symptoms supervened except profuse hemorrhage, which was checked by ice externally applied.

Dr. Neale said that Prof. I. E. Atkinson had recently presented him with a specimen, now in the University of Maryland, identical with the one exhibited, save that it was the result of a pregnancy probably a little further advanced. This was from a case of induced labor on account of advanced renal disease, and the method used by Dr. A. was Krause's, or the introduction of a bougie between the membranes and the uterine wall.

Dr. Ashley said the specimen presented by Dr. Taneyhill was an interesting one to him, from the fact that he had never seen a fetus completely enclosed in the amnion, and expelled at so far advanced a period of pregnancy. He had often thought that this was the physiological method of delivery. He was led to this conclusion from an observation of parturition in the lower animals. He had frequently observed the act of parturition in the mare, in the cow, in the sow, and in the ewe, and he was struck with the fact that the young of these animals are delivered

into the external world, in the vast majority of cases, completely invested with the amnion. He witnessed some three or four years ago the parturition of some 30 or 40 ewes, and in very nearly every instance the young lamb was dropped with the amnion intact, and he also observed that where the amnion had been ruptured prior to delivery the act of parturition was more tedious. He did not know whether his observation was the correct one, but if such be the fact, and if this be the design of nature in the lower animals, is not the modern obstetrician at fault in rupturing the amnion? Should not nature be left undisturbed in all cases of parturition, unless there was some manifest purpose in an interference?

Dr. Miltenberger had had one case in which the fetus, at full term, was born with the membranes entire. The child was born just before he entered the lying-in room, and on turning the bed clothes aside it was seen actively moving inside the unruptured membranes. The child did perfectly well.

Dr. Neale thought the practical gist of Dr. Ashley's and similar remarks was the question, is the practice, recently advocated by Dr. Byford, of maintaining the membranes intact after complete dilation of the os uteri correct or not? Dr. N. had brought this question before the Society at the last meeting, and all present who spoke upon the matter, including Dr. Mundé, had expressed opinions opposed to Dr. Byford's plan.

Dr. Miltenberger said that after reading Dr. Byford's paper he had carried out his theories thoroughly for two months, and was convinced that the membranes when left intact after full dilation of the os did no good, delayed the labor, and did not effect any dilation of the perineum, that part refusing to relax until after the head came down against it. The head, when well down in the pelvic canal, would fill it up so fully as to prevent any of the amniotic fluid from being forced down below it during the uterine contractions.

Dr. Williams thought leaving the membranes unruptured would only delay the labor, and that those cases in which the fetus came away with the membranes entire were cases of unusually tough membranes. As an example of tough membranes he stated that in a case of shoulder presentation, in turning he was able to pass his hand up between the membranes and the uterine wall, and the membranes ruptured only when he grasped the foot.

Dr. Robt. T. Wilson exhibited forceps for the complete compression of the pedicle dur-

ing removal of growths within the female urethra. The doctor said that the forceps were firm and secure in their grasp; and their weight being so very slight, that where hemorrhage was feared, they could be left attached, in the canal, and the patient not at all troubled by their presence. The patient could urinate and move about without difficulty. Where they were used, it was not necessary to apply a hæmostatic. The forceps could be taken apart and thoroughly cleansed. They had been tested in several cases, and had given every satisfaction. They had been left attached twenty-four hours and the patient did not object at all to their presence, they could also be used for the compression of the pedicle of growths about the vulva, vagina, and cervix.

Dr. Ashley remarked that Dr. Wilson's forceps were quite ingenious, and could no doubt be used to good purpose. He had once had an experience with a caruncular growth in the urethra which proved to him that the hemorrhage following the removal of these small growths could be very troublesome and alarming. The removal of a small growth scarcely larger than a grain of wheat, located about five-eighths of an inch within the female urethra, was followed by the most annoying flow of blood he had ever experienced. Almost every effort to control it was successful for only a few hours, after which time the flow would return. Finally, pressure with a large catheter accomplished the object desired, though this pressure had failed in the early treatment of the case. Dr. Ashley said he had recently removed three small polypi from the cervix uteri of three patients. In these cases hemorrhage was very profuse, but he had stopped it with Monsel's solution. In each of these cases the polypi were not larger than small filberts, yet they had occasioned profuse menorrhagia in each patient.

Dr. H. P. C. Wilson thought that the forceps of Dr. R. T. Wilson for arresting hemorrhage in the urethra after the removal of polyp or caruncles, would prove to be a very useful instrument. The bleeding after the removal of these little growths is sometimes very great and hard to arrest. With this instrument the hemorrhage is promptly and securely controlled and without much inconvenience to the patient. The use of Monsel's solution for arrest of hemorrhage in the urethra is to be avoided, because it frequently fails in its object, and then the canal is so contracted and blocked with clots of iron and blood that we are cut off from the use of other styptics.

CHICAGO MEDICAL SOCIETY.

OFFICIAL REPORT.

Stated meeting, April 19, 1886.

The President, E. J. Doering, M. D., in the chair.

Dr. G. C. Paoli read a paper entitled
The Reasons why Female Physicians are Desirable in Insane Asylums.

He demonstrated that the most eminent specialists in psychiatry in the United States are a unit in maintaining that female physicians are best qualified for treating the female insane. Many states have passed laws requiring one female physician to be allotted to each one hundred female insane in their asylums.

Dr. J. G. Kiernan said eminent authorities had already pointed the relation which exists between uterine disease and insanity. Popular opinion is growing in favor of the employment of female physicians in the treatment of the female insane.

Dr. Wm. T. Belfield reported nine cases of
Impermeable Stricture Treated by Electrolysis.

During the past two years he has treated thirty-seven cases of stricture by electrolysis; and except for strictures located within an inch of the meatus, and for strictures of large calibre elsewhere, considers it preferable to dilatation and urethrotomy for the following reasons:

1. It will pass through any stricture, however tight, rigid, long, or tortuous.
2. As a rule it causes no pain, bleeding, chill, nor urethral fever.
3. It is always devoid of danger.
4. Its effects are lasting.

In certain numerous cases electrolysis is not merely a preferable, but really the only practicable treatment. Such are, 1, old, rigid, cartilaginous strictures in men of middle or advanced age, where urethrotomy is dangerous and dilatation ineffectual; 2, impermeable strictures; 3, tight and rigid strictures with perineal or scrotal fistulae.

Dr. Belfield then narrated the successful treatment by electrolysis of nine such cases. In three of these there was complete retention of urine, the bladder being distended above the umbilicus; these strictures were absolutely impermeable, to urine from within as well as to instruments from without. In each case a No. 10 electrode (French) was passed into the bladder in less than twenty minutes, permitting the immediate introduction of a catheter. In each of these cases perineal section would have been, without the battery, inevitable.

In the remaining six cases Dr. Belfield, as well as other surgeons, had failed in attempts to pass bougies into the bladder; yet as the patients were still enabled to force a feeble, dribbling stream outward, these strictures were theoretically permeable, though practically impermeable. In these also a small electrode readily entered the bladder in one or two sittings.

In one case, seen in consultation with Dr. Miller, the patient had a series of tight, rigid, impermeable strictures, and twenty-seven fistulous openings in the scrotum and perineum; he had submitted to both internal and external urethrotomy, and to numerous unsuccessful attempts at dilatation; was urinating every half hour, day and night. In fifteen minutes a No. 10 bulb entered the bladder; that night patient rose only once to urinate, and for the first time in several years the urine flowed entirely from the meatus and not from the fistulae.

The unfavorable results obtained by various physicians in their attempts at electrolysis have been caused by the use of improper currents, whereby heat was generated and the urethra cauterized, causing violent inflammation and even extensive sloughing. When properly used, the heat produced is insignificant; with six to fifteen small cells and a weak fluid, the cicatricial tissue constituting the stricture is dissolved away but not cauterized. Since cicatricial tissue is but scantily supplied with blood, and is, therefore, poorly nourished, it yields to a dissolving current which is insufficient to disturb the healthy urethral tissues.

Dr. L. L. McArthur said he had treated with success by electrolysis one case in which numerous operations had already been performed. When patient came to him he could pass a No. 8 sound; used No. 9 electrode, and the patient can now pass No. 15 American sound. Never had any pain or difficulty in micturating since the operation.

Dr. M. B. Brown detailed two cases of impermeable and two of permeable stricture, in which he used electrolysis with good result.

Dr. C. Fenger said he must confess that he was somewhat surprised by seeing the announcement of Dr. Belfield's paper "nine impermeable strictures treated by electrolysis." He had tried electrolysis a few years ago, but never had any success from it. It surprised him that Dr. Belfield should meet with nine impermeable strictures in a very short period of time, while Sir Henry Thompson has only met with three impermeable strictures in his whole life. By hearing the

paper read, however, he understood that Dr. Belfield does not mean to say that the strictures were impermeable in the strict sense of the word—the only correct one—but only meant that it was difficult to pass any instrument through these strictures. Sir Henry Thompson, in his "Diseases of the Urinary Organs," of 1882, p. 28, says: "Impermeability can not be held to describe a character, a physical quality of the stricture itself, but rather indicates the quality of the surgeon who treated it." Impermeable stricture is a contradiction in terms; it is not heard of so much now as it was twenty years ago. Dittl, of Vienna, in speaking about relative and absolute impermeable strictures, says a stricture may be impermeable for one man, or at a certain time, and permeable for another man, or at another time. Other modern authors on surgery, as König and Albert, speak about the matter in a similar way.

The second surprise to him was the advocated treatment by electricity, or electrolysis. There has always been in his mind a suspicious halo of mysticism about the electrolysis, whether applied to the different forms of surgical tumors or to strictures of the urethra. He understands from the paper, that the electrolysis does not mean galvano-caustic treatment, although quite recently Jardin, of Paris, uses a small galvano-cautery knife for passing slowly through the stricture. Dr. Belfield warns very justly against cauterization. The non-caustic electrolysis is to me a very mystic process. Dr. Fenger remembers years ago of one of Billroth's clinics which he spoke about electrolytic treatment of venous angiomas of the face, that he expressed as the result of his experience the following: "The electrolytic needle has no more or other effect on the tumor in question, than the mere mechanical disturbance of the tissue elements, that is, than any other needle, not connected with a battery, would produce."

Frankly, Dr. Fenger said that the historical fate of electrolysis in strictures, as well as elsewhere, up to date, has invariably been the following: Ever since Tripier, in 1864, and Mallez, in 1872, applied the electrolysis in strictures of the urethra, this method of treatment has come to the surface once every two or three years, only to disappear again, and it has never been able to take any hold on the profession; not because it has not been tried, but rather because it has not been found superior, or even equal, to the other methods. Littel states that, on the rather promising representations of Tripier and Mallez, he tried electrolysis in three cases of

very narrow stricture. It proved of no effect in any of the cases, and in one of them a local inflammation followed. Sir Henry Thompson does not even mention the electric treatment anywhere in his writings about strictures, but warns very emphatically against any method of cauterization. König says, in a very short appended notice, that only the short and soft strictures depending upon a polypus or warty growth of granulation-tissue are proper objects for cauterization, either chemical (Duchamp), or galvano-caustic (Middeldorf). Otis, our American authority in this line of surgery, does not mention electrolysis with a word.

Newman, of New York, (*Medical Record*, August 12-19, 1882), is not only the advocate of electrolysis in this country, but has written so assiduously and specified the method so minutely as to have it termed, in the foreign literature "Newman's method." In 1882, Newman's old and new cases numbered twenty-three only. In reporting Newman's articles for Virchow's *Jahresbericht*, Güterbock, of Berlin, says that "Newman's method has already, in 1872 and 1876, been criticised so thoroughly that not much more need be said about it." Dikmann, in New York *Medical Record*, January 5, 1884, reports twenty-eight cases. Gräf, in Norway, reports, in 1884, two cases treated by "Newman's method," and Verneuil, in 1884, recommends Jardin's "electrolyse lineavü"—that is, cauterization.

Thus the electrolytic treatment of stricture has been tried off and on for over twenty years, but has only taken hold here and there, sporadically, and for a short time. It has in the urethra, not any more than in the other fields of surgery, as yet to any extent replaced the more rational treatment by mechanical means.

The electrolysis may, however, have a further trial, and if the success in extensive resilient strictures, as in one of Dr. Belfield's cases, should prove to hold good for other cases of that kind, it is possible that this treatment will have a better fate in the future than it has had in the past.

(To be continued.)

A GERMAN doctor has been fined three hundred and seventy-five dollars for displaying in a public refreshment room a bill of fees to a certain gentleman, adding that the attendance was on his wife for a sexual complaint. Most continental laws recognize the obligation of doctors to keep the secrets of patients whom they attend.

EDITORIAL DEPARTMENT.

PERISCOPE.

Stone Sacculated in the Bladder of a Female.

Dr. Charles Williams thus writes in the *Lancet*:

Cases in which a vesical calculus is impacted in a cyst situated in the walls of the bladder are so extremely rare, that I consider it a duty to record this very interesting example:

A fine and healthy girl, aged three years, living in Norwich, came under the care of the late Mr. George Hutchison in the year 1873, having for several months previously suffered from very decided symptoms of stone in the bladder. It had been noticed by her mother that from the time of her birth she had experienced a difficulty, as well as occasionally severe pain in passing urine, and that sometimes she voided blood mixed with it, and was in the habit of straining so violently as to produce prolapsus of the rectum.

On sounding the bladder, which was an unusually capacious one, it was with some difficulty that a calculus could be detected. At the wish of the parents Mr. Hutchison resolved to remove the stone by dilatation. Mr. W. H. Day assisted at the operation, and I was requested to administer chloroform. The urethra was freely and quickly dilated with Weiss's trivalve dilator. There was considerable trouble to find the stone, and when found a still greater trouble to seize it with the forceps (and it was particularly noticed that, although the patient was thoroughly under the influence of the anæsthetic, the getting hold of the stone with the forceps occasioned severe straining); the blades could not be made to grip the calculus; they continually slipped off, bringing away pieces of the stone. At last it became absolutely necessary to ascertain what occasioned the difficulty. For this purpose the urethra was still further dilated, and the neck of the bladder was also divided with a probe-pointed bistoury. The stone could now be felt with the point of the finger, immovably fixed in the floor of the bladder on the patient's left. It appeared to be of the size of a pigeon's egg, and was enclosed in a sac, through the neck of which a small portion protruded into the vesical cavity, and it was off this nodule that the forceps so continuously slipped. Many efforts were made to dislodge it—first

with a scoop, then with the finger, which could barely reach it, and next with the forceps; they all proved unsuccessful. Several portions were broken off the uncovered portion, but the main piece was left *in situ*, as it was considered undesirable to make any further attempt to remove it, the patient having been a long time under the influence of chloroform, and apparently in a very exhausted condition.

The next day the child had voided very little urine. A catheter was introduced, and a small quantity of sanguineous urine flowed out. She was very drowsy, and had been so since the operation. When roused she took milk and brandy very freely, but immediately afterwards became drowsy again; she did not appear to have recovered from the influence of the chloroform. The next day she died. No post-mortem examination was permitted.

I am induced to believe this child died of chronic chloroform-poisoning, and not from the effects of the operation, which was by no means roughly performed, and there was very little blood lost. She never thoroughly revived, but became comatose, and died in that condition. It is difficult to imagine what could have given rise to the formation of the sac; there never was an obstruction to the escape of the urine, such as stricture or prostatic enlargement might engender, for neither existed. We are taught that a cyst is usually formed by the straining necessary to expel the urine; the mucous membrane is forced between the bands of muscular fibres, hypertrophied in consequence of the strain to which they are subjected. Nothing of the sort can apply in this case, and it is not easy to believe that the stone was the cause of the cyst, which it might have been had it been situated close to the neck of the bladder. When impacted in this situation, the very pressure to which a stone is subjected by the constant and long-continued action of the bladder to expel it causes the mucous membrane to ulcerate through, and the stone is in due time forced into a cavity, which enlarges as the stone grows, and in this way it may form a tumor in the vagina, as was the case reported by me in the *Lancet* of November 7, 1885. An effort is then made by nature to contract the opening, which in this child was nearly accomplished; but the calculus was far from the neck of the bladder, and could barely be touched with the point of

the finger, so that a different explanation of the formation of the cyst is required; and as no examination was allowed to be made, it seems to me to be almost impossible to suggest in what way the sac was formed. Sabulous matter or a few urinary crystals may probably have been deposited originally in a mucous follicle, lacuna, or fossa, and gradually augmented in quantity, and in this way the sac enclosing the calculus may have been produced. The mother of the girl at four years of age suffered from stone, which was removed by the late Dr. Edward Lubbock; it was the size and shape of a walnut. She has suffered from incontinence since that time.

Enlarged Prostate and Retention of Urine; Relief from Injection of Cocaine.

Dr. James Rhodes thus writes in the *Brit. Med. Jour.*, May 1:

G. B., aged 60, tall and stout, had retention of urine, on December 20, 1885, from a greatly enlarged state of the prostate gland. I used catheter No. 8, and continued to do so for about fourteen days—twice, and sometimes thrice, daily. On one occasion, I was unable to attend myself; an assistant tried, but failed. After this attempt, the tenderness seemed to increase along the urethra, with constant acute pain in the prostate gland, although morphine was often given without relief. I decided to inject a grain of cocaine, dissolved in a drachm of water and rectified spirit, into the urethra, with a small syringe, forcing the solution down to the prostate by a little pressure. The relief was instantaneous. During that night, he had complete relief from pain, and the change, he said, "was heavenly." It was used on two successive nights with like results.

W. W., aged 65, of Glossop, had been troubled with stricture for twenty-five years. When passing urine one day, it stopped suddenly. Some one attempted to pass a catheter, but he was injured thereby half-way down the urethra. An abscess formed, and was opened in fourteen days. After this, micturition was difficult, and the stream until now had continued small. Four years ago, I passed a No. 4 catheter for him, with some difficulty; he had then a large prostate. At 6 p. m. on January 6, 1886, he sent for me to pass a catheter. I found a very bad state of things; not a drop of urine had passed for two days, and I could not use the catheter. There was extravasation of urine, which extended along Poupart's ligament and the upper part of the thigh, with great enlargement of the scrotum. I punc-

tured the parts freely, and injected a grain of cocaine hydrochlorate in a drachm of water and rectified spirit, to relieve pain along the meatus, forcing this past the stricture down to the prostate gland. I then went home for a large curved trocar and cannula, to tap the bladder posteriorly, and took my son to assist. On returning, in less than an hour, I was surprised to find that the patient's pain was gone; and, in ten minutes after the injection was used, he passed over half a pint of urine. There now seemed no need to tap the bladder. On calling to see him in the morning, he had passed five pints of urine; and now continues to pass it in a free stream, better than before.

In both the above cases, as in others, I found good results from the use of the following medicine:

℞. Quinæ sulph.,	gr. viii.
Tinct. ferri perchlor.,	℥iiss.
Ammonia hydrochlor.,	℥i.
Aquæ menthæ,	℥i.
Aquam ad.,	℥viii.

One ounce to be taken every four hours.

The man is now at work. There was sloughing of the scrotum and upper part of the thigh, but this has done remarkably well. If any medical men will try the cocaine, I am sure they will be delighted with the success.

Papain in Dyspepsia.

In the *Brit. Med. Jour.* Dr. George Herschell, in a note on this subject, says that he finds papain chiefly valuable in the following classes of cases:

1. *Chronic Stomach Catarrhs of Children.*—Every one of us is familiar with that state in which we find children at times, and which is very frequently called "biliousness." It is characterized by loss of appetite, languor, pasty complexion, loss of sleep at night, and irritability during the day. There is frequently frontal headache, and the urine is loaded with lithates. If this state continue for any length of time the child emaciates, the unhealthy mucus which sheathes the stomach and intestines preventing the due absorption of the food. Cod-liver oil and compound syrup of the phosphates, which are generally given for the complaint as soon as the child begins to lose flesh, are not assimilated. Sometimes a cough develops, and the child is supposed to have incipient phthisis. I have found these cases rapidly improve with the following prescription:

℞. Papain (Finkler),	gr. ½-gr. j.
Sach. lactis,	gr. j.
Sodii bicarb.,	gr. v.
M. To be taken after every meal.	

It is also advantageous to give a drop or two of tincture of nux vomica immediately after the meal in a little water. The papain probably acts by dissolving the mucus, and thus facilitating the absorption of the food.

2. *Acid Dyspepsia*.—This drug is extremely valuable in this form of indigestion. a. As it acts equally well in the presence of an alkali, a sufficient quantity of bicarbonate of soda may be given with it to neutralize the excess of acid in the stomach without impairing its peptonizing power. b. Its antiseptic action checks the abnormal fermentation to which much of the accompanying flatulence is due. c. An antiseptic can be given with it to increase this action. I usually order it in the following manner:

- R. Papain (Finkler), gr. ij.
Sach. lactis, gr. v.
M. To be taken an hour after meals with the following draught:
- R. Sodii bicarb., gr. xv.
Glycerin. acid carbol., ℥viii.
Spirit ammon. aromat., ℥xx.
Aq. ad., ℥iss.
M. Fiat haustus.

It appears that, taken one hour after a meal, a smaller dose of papain is required to produce the same result than if taken with the food.

3. *Cases where Severe Gastric Pain Coming on Shortly after Eating is the Prominent Symptom*.—I have tried the drug upon twelve cases of this nature. Complete relief was given in ten, one case was partially relieved, and one completely failed to derive any benefit.

Apart from its internal use, papain will probably come into extensive use as a peptonizing agent, to prepare ready digested food and enemata, in the way in which pancreatin and pepsin are used at present.

Unconscious Impregnation.

The *Lancet*, February 20, says: "At the recent Manchester assizes a man named Jackson, a dentist, was sued for damages for the alleged seduction and consequent pregnancy of a young woman aged twenty-five. The facts, as stated in evidence, were so remarkable that it is not surprising the jury were discharged without giving a verdict. The case is interesting from a medico-legal point of view, and shows the danger of administering anæsthetics in the absence of a third person. It appears that the woman went to Jackson for the purpose of having a tooth extracted, and while under the influence of gas the defendant, according to the allegation set forth in the statement of claim, ravished her. The

plaintiff at the time was engaged to be married, and it does not seem that she made a complaint to her intended husband of the supposed assault—in fact, she even allowed the banns of marriage to be published, though cognizant that she was *ençointe*. Two questions arise in connection with the case of the highest import. Is it possible for intercourse with a virgin to take place during the short period of insensibility and semi-consciousness following the administration of nitrous oxide gas? We take it that, although possible, it is in the highest degree improbable. But there can be no doubt that, granted the accomplishment of the act, the answer to the query, "Can unconscious impregnation happen under such conditions?" must be in the affirmative. Cases are on record in which women have conceived during sleep, and the state of anæsthesia induced by gas is only another form of sleep. If we are correctly informed of the facts, we cannot understand why the plaintiff proceeded against the defendant by civil process and not by criminal indictment; for if the story of the woman is true, surely the man was guilty of felony. Perhaps the fact that the plaintiff did not make immediate complaint of the alleged assault weighed heavily in the balance on the side of the accused. Such a charge as the one above referred to is difficult and may be impossible to refute, and consequently it is only just that the strongest corroborative evidence should be required to justify a conviction or a verdict for damages, or, failing that, there should be a complete investigation of all the collateral circumstances as regards the conduct of both parties *re* the charge, and also a searching inquiry into their general credit. From an impartial survey of the medico-legal and moral bearings of the case as reported in the *Manchester Guardian*, we cannot help expressing the opinion that upon the evidence before them the jury could scarcely have found for the plaintiff."

Eucalyptus as a Topical Agent.

Dr. P. T. Williams thus writes in the *Cincinnati Med. News*:

I have never seen, so far as my recollection serves me, eucalyptus recommended as a topical remedy in any of the medical journals, nor do I remember of ever having heard any of my professional brethren speak of having employed it in that capacity. I was led to use it over the inflamed surface in a case of erysipelas, by being told by an old sailor who, at an early period of his life, had

sailed through the southern seas of the eastern hemisphere, that he had been treated by a physician in some one of the East India islands for erysipelas by the external application of it.

I have, therefore, to report that in three cases of erysipelas, one affecting the face and right leg, another the face, and another the scrotum, the itching and burning sensation, and the exudation of the peculiar gummy discharge, were promptly arrested by the application of the fluid extract of eucalyptus.

In a case of caries of the tibia, with extensive inflammation of the skin, attended with the formation of numerous blebs and small ulcers, the happiest results followed upon the local use of the fluid extract of eucalyptus. In the cases of erysipelas it was applied, by means of a camel's hair brush, every four hours. In the case of disease of the tibia I employed it twice daily. In each of these cases appropriate internal treatment was made use of.

My experience with eucalyptus as a topical agent, of course, is too limited to base much of an estimate in regard to its value, but the seeming beneficial effects following in the few cases I have mentioned encourage me to believe that it can often be used with advantage locally—that there can be obtained from it all the benefits that are to be had by the employment of the tincture of iodine, solutions of nitrate of silver, salts of iron, etc., and that it can be made use of when these could not be, in consequence of some objectionable features attending their application. I purpose using it in other cases that may come under my care, and I hope others may try it, so that if it possesses any claims as a local remedy they may soon become established.

The Hair Roots as Indicators of Bodily or Mental Disease.

Dr. J. Pohl-Pincus, of Berlin, has recently, in a brochure entitled "Polarized Light as a Means of Recognizing Irritable Conditions of the Nerves of the Scalp," announced that by an examination of the hair roots by polarized light peculiar changes may be observed whenever the patient suffers from physical irritation or mental excitement. This statement is the result of investigations which have now been going on for twenty-five years, and the later observations in the course of the research have uniformly confirmed those made earlier. The hair bulbs are divided into three groups, as follows: Group A. If, in healthy conditions of the body and mind, the hairs that fall out daily are examined

microscopically by polarized light, the enlarged bulbous end of the root will show a white contour, and a yellowish or brownish-red centre. Group B. In all irritable conditions of moderate grade, all painful conditions of any organ, also in emotional disturbances of moderate grade, without any apparent bodily disease, the bulbous end of the hair root increases in length and breadth (in proportion to the irritation), the central part appears under polarized light of a violet, blue, or bluish-green color, separated from the white contour by bands of yellow and red. Group C. In higher grades of bodily disease or mental disturbance, the bulb becomes still larger, and the bluish centre changes to green, yellow, or orange. A few hairs of the B and C. types are found in normal conditions, especially in those more advanced in life. Dr. Pincus gives thirty-one cases showing the effects of painful disease, but more especially of depressing emotions, upon the appearance of the hair root. The conclusion to be derived from these researches is that bodily disease or mental excitement causes circulatory disturbances, and in consequence a change in the normal nutrition and pigmentation of the hair. This is only in accordance with previous observation, and the chief merit of Dr. Pincus's plan lies in his obtaining a means by which very slight and temporary changes in tissue growth can be detected and approximately measured.

Urticaria Occurring in Infancy.

In a communication read before the Clinical Society of Paris (*La France Médicale*, August 25, 1885), Dr. J. Comby states that Prof. Bouchard, in his researches upon dilatation of the stomach, has observed that a certain number of these patients are subject to more or less annoying outbreaks of urticaria. It is not at all surprising that a disease which has for its principal and immediate consequence faulty elaboration of the ingesta should awaken cutaneous manifestations like urticaria, when we see temporary digestive disorder (*embarras gastrique* and indigestion) accompanied by the same eruptions. This urticaria, due to the lesions or functional disorders of the stomach (like those which supervene after tapping hydatid cysts) is very probably a toxic urticaria, due to the fact that the skin serves as a route of elimination to the poison elaborated in the digestive passages, and taken up into the circulation. This, at least, is the rational explanation which M. Bouchard gave to this phenom-

enon in a paper recently read before the Faculty of Medicine. Dr. Comby tried, in a certain measure, to apply to the infants coming under his observation the results which were obtained from adults by Prof. Bouchard. The dilatation of the stomach encountered so often among the latter, Dr. Comby had found with almost equal frequency among infants of the poorer classes, subjected from birth to defective alimentation. Among animals, also, he had found, as a consequence of dilatation of the stomach, multiple disorders in many of the organs and tissues. The diverse eruptions grouped by authors under the name of "*gourmes*" (prurigo, scald head, etc.) appear with extreme frequency in little patients with dilatation of the stomach; but, of all these eruptions, that which had struck him most by its objective and subjective characters is urticaria, of which he reports five cases.

Colles's Fracture.

Before the New York Surgical Society (April 12), Dr. L. A. Stimson presented a woman, twenty-three years old, who received a Colles's fracture of the right wrist four weeks before, for which she had been treated in the Presbyterian Hospital. The lower fragment was markedly displaced upward and backward in the usual manner. The displacement was reduced by traction on the hand and coaptative pressure, and the limb kept between anterior and posterior splints, of which the latter reached to the wrist and the former to the metacarpo-phalangeal line, and bore at its distal extremity a woollen bandage placed obliquely, over which the fingers were flexed, and by which the hand was kept in dorsal flexion. Since the last meeting of the Society, three weeks before, he had taken pains to have the fingers freely and frequently moved; this motion had at no time caused pain. The limb was taken from the splints that morning. The reduction was complete; even the styloid process of the radius was as low as on the other wrist—a result made possible, in his opinion, only by the absence of notable crushing of the spongy bone at the time the fracture was received. The fingers could be easily and freely flexed and extended; the range of voluntary motion of the thumb was less than normal; passive pronation and supination, through an arc of nearly 70°, were possible. The case, he thought, proved that voluntary and passive movements of the fingers during the treatment of Colles's fracture did not always cause rigidity of their joints.

REVIEWS AND BOOK NOTICES.

NOTES ON CURRENT MEDICAL LITERATURE.

—Dr. G. T. Maxwell forwards us a reprint of an article showing that the climate of Florida in summer is less heated than most of the northern cities, and is singularly exempt from cholera infantum. Hence he would recommend that state as particularly suitable as a summer resort for children.

—In a paper "On the Ethics of Female Sterility," Dr. A. Reeves Jackson, of Chicago, discusses a number of interesting questions in reference to barrenness, among others artificial impregnation, which latter procedure he very properly justifies.

—Dr. Frank H. Hamilton goes to some pains to prove that cremation is not at present a necessary sanitary measure. The argument seems superfluous, but is put with great fairness.

—In a reprint from the *Edinburgh Medical Journal*, Dr. J. L. Milton describes two cases of that malignant skin disease known as dermatitis ferox. In both the constitution was broken down.

—At the graduating exercises of the Jefferson Medical College, Dr. Theophilus Parvin delivered an eloquent address on "The Duties of the Doctor to Himself and His Patients," which has since been published in pamphlet form.

—Dr. C. F. MacDonald, in a reprint lately issued, describes a case of insanity following a gun-shot injury to the head.

—Dr. F. N. Otis, of New York, argues in an article before us that there is a positive limitation to the contagious stage of syphilis within three or at furthest four years, with or without treatment. This assertion cannot but excite considerable attention.

—Dr. E. P. Bernardy, of Philadelphia, in a late article brings forward a variety of evidence to prove the value of the biniodide of mercury as a disinfectant and antiseptic in obstetrical cases.

—Messrs. James W. Queen & Co., Philadelphia, send us their priced and illustrated catalogue of Ophthalmological Instruments, etc.; 66th edition.

—The Boylston prize essay for 1885 was written by Dr. Edward S. Stevens, of Lebanon, Ohio, and now appears as a neat

pamphlet. The subject is "The Best Preliminary Education for the Study of Medicine." The scheme is well worked out, and the suggestions are eminently practicable.

BOOK NOTICES.

Diseases of the Spinal Cord. By Byron Bramwell, M. D., F. R. C. P., etc.

Insanity and its Treatment. By G. Fielding Blandford, M. D., together with types of insanity; an illustrated guide in the practical diagnosis of mental disease. By Allan McLane Hamilton, M. D.

Hand-book of Practical Medicine. By Dr. Hermann Eichhorst. Vol. i. Diseases of the circulatory and respiratory apparatus.

The Genuine Works of Hippocrates. Translated from the Greek by Francis Adams, LL. D. Vol. i.

The four volumes whose titles are given above are the issues for the first four months of the present year of Wood's Library of Standard Medical Authors, published by William Wood & Co., New York city. It will be seen that they offer a wide diversity of contents. Dr. Eichhorst's hand-book is a very useful and tersely written synopsis of modern medicine. He is particularly full in giving clear directions as to treatment. The work of Blandford is classical, and the essay by Dr. Hamilton which is appended, is full of clear directions by means of which to establish a correct diagnosis in cases of mental alienation. The illustrations are in lithograph, and present in a striking manner the characteristic features of the faces of insane patients. Dr. Bramwell's monogram is especially noteworthy for the abundance and appositeness of its illustrations. It contains fifty-three colored plates and one hundred and two wood engravings, all well done. Considering the price of the volume, it is surprising to see such careful pictorial features. We need say nothing of the translation of the immortal Hippocrates, further than that any physician can still learn from it much that will instruct him in his daily life.

The Elements of Chemical Arithmetic, with a Short System of Elementary Qualitative Analysis. By J. Milnor Coit, Ph. D. Pp. 89. Price 50 cents. Boston: D. C. Heath & Co., 1886.

The difficulties of mastering the elements of chemical science are happily overcome in this volume by a perspicuous arrangement, and by the omission of all useless accessory

details. It is divided into two parts, the first giving a series of problems in chemical arithmetic, together with the rules for their solution; the second setting forth the main and essential principles of qualitative analysis. The student can use the manual either for private study or for lessons in the classroom. It is exceedingly well prepared for either purpose.

The International Encyclopædia of Surgery.

A Systematic Treatise on the Theory and Practice of Surgery by Authors of Various Nations, edited by John Ashhurst, Jr., M. D., Professor of Clinical Surgery in the University of Pennsylvania. Illustrated with chromo-lithographs and wood-cuts. In six volumes. Vol. vi. New York, William Wood & Co., 1886.

The concluding volume of this extensive undertaking embraces a series of monographs on the injuries and diseases of the various surgical regions of the body, such as the œsophagus, rectum, bladder, urethra, ovaries, etc. There are also articles on osseous tumors, and other affections of the bones, on orthopedic surgery, on the construction and organization of hospitals, on military surgery, and on the history of surgery in general.

As heretofore, the authors of the monographs include eminent specialists, both American and foreign. In some cases they have been written in French or German, and translated for the American reader. The conscientious effort is always apparent to secure the opinions of one of the highest authorities in each branch which is brought up for discussion.

The manufacture of the work is in all respects satisfactory, a fine, slightly-toned paper being employed, and a sufficient number of chromo-lithographs and cuts being inserted to illustrate the text. A very elaborate general index of the whole work is appended, which will add greatly to its practical utility.

The Seat of Life.

A correspondent from Texas puts to us the question, "What is the Seat of Life in Man?" Probably if we answered, "Wherever function is in action, there is the seat of life," this would be most in accord with science. Life is not a *tertium quid*; it is not something apart and different from organic activity; it is simply the expression of this activity itself. When this activity begins, life begins; when it ceases, life ceases. This is all the physiologist knows.

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THE INTERNATIONAL CONGRESS.

At last the *Medical Record* has awakened to the truth about the International Medical Congress, and is willing to announce that the Congress will be held and will be worthy of attendance. We reproduce its editorial of May 15th:

"FOREIGN MEDICAL DELEGATES AND THE INTERNATIONAL MEDICAL CONGRESS.

"Many, indeed most of our foreign brethren, are in a state of mind as to what all the quarrel over the next International Congress means. And while in this condition of doubt and ignorance as to whether there is to be an International Medical Congress, or only a National Domestic Quarrel, they naturally do not care to plan for a trip here next year.

"To these gentlemen we would say: We have had in this country certain disputes, mainly over the question whether the Congress organization should be controlled by the American Medical Association, a society of about three thousand members, or by the medical profession of sixty thousand men. In this dispute the American Medical Association has conquered, but by methods which have caused the resignation and withdrawal of the great majority of the American physicians best known abroad and at home. There will be an International Medical Congress, but, according to the present outlook, a Congress in which many of America's best physicians will be absent.

"Still, we say to foreign delegates, you will meet a large number of able and hospitable gentlemen at the Congress, you will be made warmly welcome by all Americans, and you will hear no quarreling while you are in the States. *We know that many medical gentlemen in New York, Philadelphia, Boston, and other medical centres, debarred from receiving guests in an official capacity, will be glad to welcome all foreign visitors unofficially and pay them every hospitable attention.*"

We can only take exception to what the *Record* says about the control of the Congress. To our foreign brethren we would say that the fifty-five million people of the United States are controlled by a handful of men (Senators and Congressmen) who are the representatives of this vast aggregation of humanity. So the affairs of the International Congress are (and ought to be) controlled by the Association which is representative of the sixty thousand members of the profession of this country.

There is no reason why this sixty thousand

should not be members of the Association (provided they be *regular* and *respectable*); but as they are not, it seems eminently proper that the organized three thousand (as the *Record* computes it) should control the unorganized fifty-seven thousand. But the truth is that out of this sixty thousand a mere handful have had anything to do with the Congress.

In our profession, as in all others, there are comparatively few who have much interest in the profession outside of its bread-winning properties; the mass have taken no interest in the Congress controversy; while the *mass* of those who have, of those who believe in organized medicine, have conquered over the handful of malcontents. The closing paragraph in the *Record's* editorial (which we have italicised) we are glad to read, for it is additional evidence of what we have always believed, that the leading spirits in the revolt against the Association are *gentlemen*, who will do all consistent with the dignity of their position to welcome our foreign guests.

We congratulate the *Medical Record* that the dawn of truth and justness has at last broken in upon its *aristocratic* judgments, and only regret that it was not so favored before it labored so earnestly to make internal dissensions a matter of world-wide scandal. That they may know that many distinguished members of our profession will take an active part in the Congress, it is only necessary to refer our readers to the list of the organization as given on another page.

THE REPORT OF THE PHILADELPHIA DELEGATES.

We have received the "Report of the Delegates from the Philadelphia County Medical Society to the 37th Annual Convention of the American Medical Association," and have read it carefully. The more we reflect upon this unfortunate quarrel, the more reason we see to regret its occurrence. Upon each side are found most eminent men—men whose integrity, whose honesty of purpose, is beyond criticism, and who certainly thought and think that they were and are right in the diametrically opposed positions they have assumed.

That undue influence was brought to bear upon the judicial council of the American Medical Association (as intimated in the report) to help frame their rejection as the delegates of our County Society, we cannot believe for two reasons. First, we cannot believe the council willing to submit to such manipula-

tion; and, Second, we cannot believe those who presented the protest willing to stoop to such methods.

To take the mildest view of the question, an unbiased mind must admit that there was, at least, a departure from custom and the law of precedence, in the manner in which this delegation was elected; and such being the case, a cloud hanging over their right to seats as delegates, we can but think that the judicial council acted wisely in denying representation to our County Society. It must be borne in mind that our Society refused to hear, as a *minority report*, the report which Dr. Knight desired to present, and we are therefore ignorant, comparatively, of the other side of the question. It is true that they granted Dr. Knight the right to present his report as a *communication*, but this he refused to do.

Let us have done with this unseemly bickering. The trouble in the County Society really arose from the Congress controversy; this controversy is now irrevocably disposed of, and should be no longer a live issue. Let us bury the hatchet, and when the Society reconvenes in the fall, let its gatherings be characterized by that good will hitherto so characteristic of the physicians of the "City of Brotherly Love."

THE YUCCA ANGUSTIFOLIA, OR SOAP-WEED.

The study of our native plants is as yet but at its beginning. The methods are costly and laborious, and to pursue them requires either the stimulus of large prospective commercial advantages, or a love of pure science which, alas! few manifest in this country. All the more heartily do we applaud such an example of the latter as is presented in a reprint of a paper from the *Transactions of the American Philosophical Society* before us. It is the report of an extended study of the chemistry of the *yucca angustifolia*, or soap-weed, by Miss Helen C. DeS. Abbott, whose previous researches in this direction are already well known to those familiar with this specialty.

The scheme adopted is that recommended by Professor Dragendorff in his treatise on "Plant Analysis." The parts subjected to examination were successively the bark of the root, the wood of the root, the green leaf, and the yellow base of the leaf. The extracts obtained by subjecting the various elements of the plant to the action of petroleum spirit are first defined and examined; the residual powders were tested by ether, alcohol, water, diluted soda, and acid solutions.

The product of these various processes, all of which are described with the most satisfactory completeness, was the discovery of two new resins, termed *yucca* and *pyrophæal*, a red crystalline coloring matter, four fixed oils, saponine, and other substances. A special quantitative examination for saponine of the wood of the root, specimens being selected from plants culled at different seasons, gave an average of about ten per cent. This derivative has many interesting relations, both to economic and abstract science, which we hope the competent author of this present paper will at some future day set forth with her accustomed accuracy and clearness.

SANITARY CONVENTIONS.

That the people of the nineteenth century are beginning to realize (practically) that "an ounce of prevention is worth a pound of cure," there is ample evidence. As Dr. Lindsley so well puts it, the duty, *that is to say, the chief duty, of State Boards of Health for some time to come*, will be to educate the masses in the science (for it is a science) of Hygiene, and to do so no better way can be devised than "Sanitary Conventions."

Following close upon the heels of our own State Sanitary Convention, comes the good news that a similar convention, equally successful, has been held in Kalamazoo, Michigan, and from the papers which we have received we learn that the *Press* of Michigan is not behind the *Press* of Pennsylvania in seconding the efforts of their respective State Boards of Health.

Michigan has an admirable Board, always doing good work, and we are quite sure that the time is close at hand when the "Science of Hygiene" will take its proper place as the most beneficent science known to man.

NOTES AND COMMENTS.

Infantile Paralysis.

In the *N. Y. Medical Journal*, Dr. V. P. Gibney has an interesting article read before the Clinical Society on the subject of "Limitation of Therapeutics in Infantile Paralysis," from which we extract (*Peoria Med. Mo.*) the following paragraph or two:

What can be done to prevent the subluxations and deformities which arise from muscular and tendinous shortenings?

Without citing other cases, I may use the one already presented. We agreed upon keeping the limb and joints in normal posi-

tion by means of light apparatus, and I am assured that there has been neither relaxation of ligament nor contraction of tendons.

For instance, it was directed that the hips should not be permitted to occupy long a position of flexion or adduction or abduction, and that at no time should super-extension be allowed. The child could sit in a wheel-chair, provided the feet were maintained at a right angle with the leg. It was understood that under no circumstances should super-extension of the knees be permitted. The feet were to be held at right angles with the leg when the child was out of the chair.

The case was kept under pretty close observation, in order that any tendency of the flexor muscles to contract should be promptly met by apparatus.

To summarize:

1. Avoid any undue stretching of the fibrous structures of the joint.
2. Do not permit long-maintained positions of the parts, by which muscles whose function has not been destroyed can become shortened.
3. Apply corrective apparatus when it is necessary to oppose contraction.
4. It is better not to leave these observations to the family.

Uncontrollable Vomiting During Pregnancy Cured by Feeding through an Oesophageal Tube.

The *Philadelphia Medical News* relates the following case of Dr. Bruenniche (*Centralb. f. Gynaek.*):

An unmarried woman with scanty, irregular menstruation, suffering severe gastric disturbance for two months, entered a hospital, and, under diagnosis of ulcer of the stomach, the possibility of pregnancy was denied. Soon after admission vomiting became so severe that all food was rejected and inanition was threatened. Alimentation by means of an oesophageal tube was now resorted to, and broth—followed by cold water, before withdrawal of the tube—was first fed to the patient without causing vomiting. Milk was then administered, and no vomiting being produced, it was followed by bouillon, etc., with like favorable results. After five days an attempt to swallow food caused reappearance of nausea and vomiting, and the use of the tube was again necessitated. Pregnancy was now readily diagnosed. In three weeks the use of the tube was dispensed with, and the woman discharged cured.

A significant fact in connection with the

case is that it was only necessary to introduce the tube into the entrance of the œsophagus, showing that the location of the sensitive region, irritation of which occasioned the vomiting, was situated higher up in the digestive tract than the stomach.

A Radical Treatment for Masturbation.

Dr. J. C. Pennington, of Andover, Mass., writes as follows to the *Med. Record*: "I feel constrained to report a curious case of self-treatment which is worthy of the *Mikado*. The punishment was made to fit the crime in this wise: The patient, a boy of fifteen, being discouraged by his fruitless endeavors to free himself from the worst of all habits, deliberately selected the privy as the theatre of his operations, and, holding the offending organ by the prepuce with one hand, took aim with a small pistol, and shot it, with the other. The ball (22 calibre) entered on the dorsal surface; running beneath the skin, it entered the glans behind the corona, emerged on its dorsal surface, and again penetrated the prepuce before making its final exit. At the sight of blood the boy's heroism evaporated, and he screamed for help. As usual, the fair sex were most prompt in running to the rescue, and it was some time before a man arrived whom he could take into his confidence. Fortunately the urethra is not wounded, and a speedy recovery may be expected."

A Specific for the Treatment of Hernia.

Dr. Doroteo de Armas publishes an article in the *Union Médicale de Caracas (Bulle Gén. de Thé., No. 28, 1885)*, in which he claims that the peasants of Venezuela produce a radical cure of hernia by means of a parasitic plant which grows on the *Bowdichia virgiloides*. The boughs of this parasitic plant are stripped of their leaves, and then scraped with a sharp instrument so as to remove all the inactive portions of the bark; the remainder is then chopped up and mixed with water to form a semi-solid paste. After the lapse of some time an extractive matter separates, which is at first greenish, but then becomes almost black. It is elastic, semi-solid, and capable of being drawn out in long filaments, which stick to the hands, and gradually harden when exposed to the air. The mode of employment is to spread a thick layer of this substance on a piece of linen, and, after having well shaved the skin, to apply it over the hernial tumor, where it is maintained from forty days to two months. Dr. Armas refers to two cases of cure with

which he is himself personally acquainted. He believes that this mode of action is on the one side attributable to its contraction, and so renders it analogous in its application to a truss; and he believes, on the other hand, that it exerts special influence over the hernial rings.

Treatment of Acute Rheumatism.

The last number of the *Russkaya Meditsina* contains a communication from Dr. L. Drinevitski, of Rostoff-on-the-Don, who writes that for more than twenty years he has treated acute articular rheumatism with nitrate of potash, two drachms being given daily in raspberry syrup, and a dose administered every two hours. Together with this internal medication, he prescribes an ointment for use morning and evening of the following composition: Olei hyose., 1 oz.; ung. hydrarg. cinerei, 2 dr.; ext. acon., 1 dr. He has tried all ordinary remedies, and finds that on the whole this plan of treatment is more satisfactory than any other, being especially valuable in those cases where salicylates fail to give relief. Generally the disease is brought to an end in from one to two weeks, according to its severity and the time the treatment was commenced. When commenced at the onset of the attack, and before more than one joint was affected, the others were usually spared altogether.

New Observations on Urethane.

The *N. Y. Med. Jour.* tells us that Coze, who has been conducting a series of experiments with a view to determining the precise physiological value of this new drug (*Bull. Gén. de Thérap., April 30, 1886*), draws the following conclusions:

1. Urethane has a strong hypnotic action, causing complete muscular relaxation and, in full doses, anæsthesia.
2. It slows the pulse and the respiration, and lowers the temperature.
3. As it is only slightly irritating, it may be administered hypodermically.
4. It affects neither the secretions nor the general nutrition.
5. It is a physiological antagonist to strychnine.
6. It appears to be adapted to cases of convulsions, especially those of a tetanic character.

Subcutaneous Use of Morphine in Infantile Convulsions.

Dr. C. S. Scofield, of Boston, reports to the *Med. Record* the case of a child eighteen

months of age, previously healthy, whom he had been called to see on account of eclampsia. The child had been in convulsions for two hours, and had been given emetics, hot baths, and mustard to the feet, without any benefit. The writer at once administered one-eighth grain of sulphate of morphine, hypodermically, which was repeated at the end of twenty minutes—no effect having been produced by the first dose. This was also followed by no improvement, and a third injection was administered twenty minutes later. This was effectual in controlling the convulsions, and by the expiration of an hour from the time of administration of the first dose the child was sleeping quietly. When seen the following morning, the child had taken food as usual, and was apparently as well as ever.

The Injection of Oil of Turpentine into Old Sinuses.

From the *N. Y. Med. Jour.* we learn that Cecchini (*Annali Universali di Medicina; Abeille Méd.*) reports a number of cases in which he succeeded in causing the closure of old sinuous tracts by injecting into them a few drops of oil of turpentine with a common hypodermic syringe. The best results, he says, are obtained when the drug is used pure, but it may be mixed with some bland oil, or even with a solution of morphine, as the pain is sometimes considerable. By this simple treatment, the author has cured five anal fistulæ and six sinuses connected with carious bone. The turpentine is thought to exert a stimulating action on the walls of the sinus, whereby healthy granulation is promoted.

A New Case of Infection in Utero.

Dr. Zeissel reports in the *Wiener Med. Presse* a young married man who, in the commencement of the month of April, had connection with his wife the last time. The menses remained away, and the wife proved to be pregnant. On the 12th day of April he had connection with another woman, and contracted syphilis from her. The sore healed rapidly, but an induration developed which remained a considerable time. As he believed that without a sore he could not infect, he, on the 25th of May, recommenced intercourse with his wife. She contracted syphilis, and on the 31st of December, 1883, was delivered of a child. It showed evidence of hereditary syphilis, and died soon. Here we have a case demonstrating the possibility of a child begotten of a healthy father to be-

come diseased through its mother, who contracts the poison during gestation.

Cure of Angiomata.

The *Weekly Med. Review* tells us that favorable results from the employment of Meckes' method for the cure of angiomata are reported by Negretto, in the *Gazette Méd. Ital. Lombard.* The method consists in painting the angiomata with a mixture of collodion and corrosive sublimate. The whole surface affected receives four coats of the solution. The application is renewed every fourth day until the angioma is cured. Negretto reports success in two cases of vast teleangiectasis of the face. A small portion of the tumor only was painted at a time. The application is not advisable where mucous surfaces are involved. Meckes' formula is four parts of corrosive sublimate to one of collodion. Negretto finds that two parts in thirty answer. A very good cicatrix results.

Puerperal Fever.

Dr. Hiram Corson thus writes of it in the *N. Y. Med. Jour.*, May 29: "Of this I can only say that if it is a disease different from peritonitis I know nothing of it. It is a disease exceedingly rare in the country. If it is caused by the germs which are so guarded against in cities and especially in hospitals, they are inactive if they exist at all in the country; and, therefore, the directions so urged by Dr. Elliott, Carl Braun, and others, are not needed with us."

Nitrous Oxide as an Anæsthetic.

M. Laffont, in a recent communication to the Paris Société de Biologie, stated that nitrous oxide is a most dangerous anæsthetic. He has since further prosecuted his experiments; and, at a subsequent meeting, confirmed his previous statements. He has found proof that nitrous oxide is not an anæsthetic, but an asphyxiating agent, as MM. Jolyet and Blanche have proved. When this agent is used by dentists to produce anæsthesia, hyperglycemia, and glycosuria result. M. Laffont has verified these phenomena by personal experience. He has also ascertained that in animals these results take place before anæsthesia, during the period of deep breathing.

Diagnosis of Lead-poisoning.

As a proof of the assertion that lead is eliminated by the skin, Dr. Dumoulin, at the

Belgian Academy of Medicine, lately showed a patient suffering from chronic lead-poisoning, whose integument became blackened wherever it was moistened with a solution of either sulphite of sodium or sulpho-hydrate of ammonia. This seems a more certain means of diagnosis than the blue line on the gums.

Retraction of the Penis.

In *Vratch* is reported a case where a man's penis suddenly retracted until it disappeared under the pubic arch, leaving a depression something like the umbilicus. When seen by a physician the man had tied a string to the penis, fastening the other end around the thigh. After a few days the organ ceased retracting, the only treatment pursued being the administration of small doses of bromide of potash.

Treatment of Ivy Poisoning.

In the *Northwestern Lancet* Dr. Augustine Brown calls attention to a specific remedy for ivy poisoning which he described eight years ago in the *Medical Record*. This remedy is bromine, which Dr. Brown has employed with unvarying success in seventy-five cases, using the following formula:

R.	Brominii,	gtt. x-xx.
	Ol. olivæ, seu	
	Ol. amygdalæ dulc.,	f 3j.—M.

Sig.—Apply freely to affected surface four times daily. Wash with warm water and castile soap twice daily.

Valerian in Diabetes Insipidus.

Demange says in *L'Union Medicale* that diabetes insipidus is best treated by valerian in doses of two to four drachms of the powder per diem. This drug was highly praised by Trousseau, and has been revived since by Bouchard.

CORRESPONDENCE.

Narrowing of the Colon.

EDS. MED. AND SURG. REPORTER:

In your journal of May 15th, I noticed an account of a case of narrowing of the small intestine, reported by Dr. Davidson. Having notes of a case somewhat analogous, which I determined to report at my leisure, is sufficient excuse—because of the apparent similarity—to warrant its appearance at this time. In July, 1883, I saw, in consultation, a young man, aged 20, who was taken sick

in the county with what appeared to be a case of ordinary colic. He suffered greatly for about 48 hours with acute abdominal pain, which was accompanied by slight swelling of the abdomen, and vomiting of orange-colored matter. The bowels were open, though the evacuations were rather scanty and thin, and presented nothing unusual in character or appearance. This condition existed for several days, and on the fifth day I was called, there being no change except a partial subsidence of the pain. The countenance now wore an anxious expression, and the patient would retain nourishment and medicines for about two hours at a time, when the contents of the stomach would be voided with a gush (reminding one of a bucketful of water turned suddenly bottom up), of which the patient would have no previous warning, as nausea, etc. This state of affairs continued until death terminated the scene, on the seventh day, from exhaustion.

I will not occupy your space with an account of the treatment, but as the case proved so obstinate, and had the features of an obstructive disease of some character, permission was had to hold an autopsy, and accordingly, six hours after death, upon such examination the following facts were developed: The stomach was healthy, the walls thinner than usual from distention, and it contained about three pints of orange-colored fluid. The small intestine was distended by gas, and appeared larger than normal, but the colon, beginning about two inches from the ileo-cæcal valve, was narrowed its entire length to the region of the sigmoid flexure, at which point it became normal. There appeared to be a contraction of the circular coat of almost the entire colon, which reduced its calibre with very slight thickening of the bowel to an apparently uniform diameter of $\frac{1}{4}$ of an inch. The liver was normal; the gall-bladder contained about one ounce of dark-green bile. Otherwise nothing unusual was found. The difference in size of the large and small intestines was so striking as to impress one with the idea that they had changed places in this case.

The subject of this unique case usually enjoyed good health; was a machinist by occupation, and never before had any indications of abdominal disease of any kind. Here was a case difficult of diagnosis, and treatment of any kind would have been unavailing had the correct pathological condition been fully understood.

S. N. MYERS, M. D.

Martinsburg, W. Va.

Labor Influenced by Mental Impressions.

EDS. MED. AND SURG. REPORTER:

On the afternoon of May 31, 1883, the writer was sent for to attend Mrs. S., æt. 39, in her twelfth confinement. She had had pains more or less severe for about thirty-six hours, and, although aggravating, they came on at long intervals, and did not at all act like those experienced during previous confinements. She was very despondent, and had a foreboding that she would not survive the ordeal before her. A digital examination showed a well-dilated os, and a somewhat large but not very tense bag of waters, which upon slight manipulation, broke; whereupon the liquor amnii escaped in tolerable quantity.

Being my first attendance upon the lady, I did not dwell upon the initial examination at length; but discovered in the presenting parts a softness and pliability to the touch, just the reverse of the "characteristic feel which the head supplies." A positive diagnosis being important as well as desirable, a second examination was soon proposed, when the nates, the ischio-rectal depression, and the anal orifice were distinctly recognizable, and a breech presentation was no longer a matter of doubt. The husband being told that the child's breech presented, imparted the information to the patient, upon whom the effect was highly unfavorable; for from that moment all labor pains ceased, and there was complete inertia of the uterus for four hours. No medicine of any kind was administered during that time, only moral means, alternate warm and cold applications to the abdomen, warm pediluvia, and change of position being resorted to for the purpose of overcoming the trouble, which, as will readily be understood, was purely of a mental nature.

At length, after some private conversation between the husband and wife, I was told that a consultation was desired, and that Dr. —, a neighboring practitioner (with whom I could not conscientiously affiliate) had been selected by them for counsel.

I now informed them that, in view of their decision, I would remain till his arrival, and then leave the case to their choice. The husband started on horseback for the proposed counsel, and I made preparations for departure. As I carried my medicine and obstetric cases to the vehicle outside, the patient became impressed with the idea that I was going away, and she would be left without an attendant.

Immediately the servant-girl was sent to the door, with the request that I should come

into the house quickly. I hurried to the bedside, and found my patient seized with a strong expulsive pain. After a moment's pause another followed, and then another, and in less than ten minutes' time there was born unto this mother a boy, alive and kicking, as the result of this decisive mental impulse, for such it certainly was on her part. It is needless to add that a messenger was sent to intercept the counsel.

D. B. HOLSBURG, M. D.

Granville, Ill., May, 1886.

NEWS AND MISCELLANY.

Pennsylvania State Medical Society.

The Pennsylvania State Medical Society was in session at Williamsport, Wednesday, Thursday, and Friday, June 2, 3, and 4. There were about 500 members present. The Society is growing in numbers and importance, and the members present were quite enthusiastic over its future. Soon after roll call on the first day, a protest was entered against the registering of the names of the Philadelphia delegates, as there were two sets of them present. The Philadelphia County Medical Society has two factions, and each faction sent delegates. The matter was referred to the Judicial Council for settlement, and Drs. Keene, Tyson, Parvin, Solis-Cohen, Jackson, and Parish were appointed to represent the Philadelphia delegates before the Judicial Council. Dr. Thomas H. Helsby, on behalf of the Lycoming County Society, delivered the address of welcome. He spoke of the growth of the society since the last meeting in this city, fifteen years ago, delivered some touching tributes to the members who had died during the past year, and reviewed the progress that has been made in enlarging the membership of the association.

The majority and minority reports of the delegates to the American Medical Society were read, and the reports of the delegates to the medical societies of Ohio, West Virginia, Maryland, Delaware, New Jersey, New York, and Massachusetts handed in. Reports were also read from the secretary, correspondents of library, treasurer, committee of publication, medical examiners of county societies, county medical societies, committee on collective investigation of disease, committee on medical education. A bill to be presented to the Legislature, relating to the requirements to be imposed upon physicians before they can practice in this State, was read. This provoked considerable discus-

sion, and at last it was agreed to postpone its consideration.

In the afternoon the convention was called to order at 2 o'clock, and Dr. J. M. Anders, of Philadelphia, delivered an address on "Hygiene and State Medicine." Addresses were also made by Dr. Charles E. Sajous, of Philadelphia, on "Laryngology;" Dr. C. W. Dulles, of Philadelphia, on "Pasteur and Hydrophobia;" Dr. Solomon Solis-Cohen, on "Inhalation of Compressed Air as an Aid to Nutrition in the Treatment of Pulmonary Consumption," and Dr. Edward Jackson, of Philadelphia, on the "Relation of Eye-strain to Headache."

After the addresses were made the question about the admittance of the Philadelphia delegates was brought up again. A hot discussion followed, and at last the following resolution was offered and passed: "That it is the sense of this society that when a protest is presented against the admittance of delegates from a county medical society this should not act as a bar to their registration, but they should be registered upon presentation of such certificates as are provided for by Article III. of the Constitution, and not be deprived of the rights of delegates until the charges of the protest are established."

When this passed, the Philadelphia members registered, and the meeting adjourned. In the evening a reception and banquet were given at the Park Hotel.

The first business on the second day was the reading of the report of the Judicial Committee appointed to investigate the protest of Philadelphia members against the admission of delegates. The council had been in private session nearly all of the first day hearing both sides of the question. They reported that the protest was not sustained. This announcement was greeted with a round of applause.

Dr. John T. Carpenter, of Schuylkill, delivered an address on "Mental Disorders." He spoke of the causes of mental trouble and how insane patients should be treated. In his opinion only 20 per cent. of insane patients sent to asylums ever recovered. No doubt more could be saved if they had proper care. He spoke of the causes of insanity, and said that a great deal of it was due to our fast American life. He arraigned the newspapers for considerable of the crime that is committed. Boys too early become addicted to alcoholism and the use of tobacco, and this in time brings about softening of the brain. The strain of political excitement, speculation in stocks, loss of peace and

means, all tend to break down the nervous system. Again, the doctor referred to the press, and exclaimed, "Who will reform the daily press? The person who brings about a reform and frees it from sensationalism, will be a benefactor of mankind."

When the speaker had finished, Dr. Lee, of Philadelphia, moved that county societies appoint committees on insanity, whose duties shall be to visit asylums, investigate the condition of insane persons, and see that proper treatment is given, and that proper sanitary arrangements exist in the building. The resolution was adopted unanimously.

Dr. Murdock, of Pittsburgh, read a paper on the "Relative Value of Manipulation and Reduction of Dislocation of the Hip." Dr. J. H. Packard, of Philadelphia, read a paper on the "Further Consideration of Tracheotomy." He illustrated his subject on a blackboard, and gave descriptions of the treatment of croup and diphtheria in children, and told how he removed the ulcerous mucus caused by those diseases. Dr. H. L. Orth, of Dauphin, addressed the Convention on "Surgery." "The Application of Moist Heat in the Treatment of Purulent Ophthalmia," was discussed by Dr. Albert G. Heyl, of Philadelphia. The paper was discussed by several gentlemen, who agreed with Dr. Heyl in the manner of treatment of the disease. The value of the application of heat, whether dry or moist, was advanced, instead of the use of mercurial solutions, where there is irritation to be removed from the eye.

Dr. A. Sydney Roberts, under the head of "Remarks on Flat-foot, with Description of a New Plant or Spring for its Relief," spoke of the frequency of spurious valgus or flat-foot, the pain and debility resulting from it, and the liability of the deformity to be mistaken for rheumatism, neuralgia, or even tarsal osteitis. He described the bony arches of the foot, and the part the second or supplementary one played in support of the superincumbent body weight, together with the changed relations of these parts in the acts of walking, running, dancing, etc. The relation of vessels, ligaments, and fasciæ as accessory supports were also described at some length; the weak point of the arch was located where the astragalus rested upon the os calcis, and that in occupations requiring continued standing and walking, the muscular and ligamentous supports of the arch became overtaxed and did not afford proper assistance to the bony arch, as a result of which permanent extension or flattening of the foot resulted.

In speaking of the morbid anatomy, the

author stated that in the congenital variety the flattening of the arch, which is incomplete at this period of life, is more apparent than real, owing to the associated valgus which is always present in these somewhat rare conditions. The causes of the acquired varieties were stated to be rachitis, infantile spinal paralysis, rheumatism, and tarsal or ankle-joint osteitis. Bow-legs and knock-knee produce flat-foot symptomatically. These cases generally occur, the speaker went on to say, in adolescence and in those whose occupation compels them to occupy the standing position for a long time. Their gait is characteristic, heavy and dragging; the knee is bent, while the feet are placed gingerly on the ground. In speaking of treatment, special attention was given to the so-called inflammatory form, the speaker stating that rest, which is essential, could be best attained by the use of tempered steel springs, so made that the convexity of the spring should be at that point where the arch of the foot is most flattened. A great improvement over the narrow spring which was let into the shank of the shoe had been suggested by Mr. Arthur Lea, in which the spring was much broader, longer, and in addition to supporting the arch of the foot, prevented internal rotation by the extension upwards of flanges from the main body of the spring. Dr. Roberts stated that he had made use of the tempered steel springs in upwards of forty cases, with the most gratifying results, in the relief of pain, disability, etc., finding them more convenient than the older forms of plantar support and ankle braces.

Before adjournment a motion was adopted that the treasurer urge upon county societies to aid the local committee in Washington in their arrangements to give the members of the Ninth Congress, to which delegates from all over the world will be present, proper entertainment. A preamble and resolution was read by Dr. Corson, relating to the management of the hospitals of Harrisburg, Danville, and Warren, and a resolution was offered for the appointment of a committee of twenty-one to memorialize the Legislature to change the laws so that the management of the hospitals will devolve on the directors instead of the superintendent.

Following are the officers appointed for the ensuing year: *President*—R. Davis, M. D., Luzerne county. *Vice-presidents*—Hobart Allport, M. D., Clearfield county; Isaac Kerlin, M. D., Delaware county; D. J. McKibbin, M. D., Schuylkill county; W. B. Lowman, M. D., Cambria county. *Perma-*

nent Secretary—W. B. Atkinson, M. D., Philadelphia. *Recording Secretary*—H. Howard Hill, M. D., Bedford county. *Corresponding Secretary*—J. H. Musser, M. D., Philadelphia. *Treasurer*—Benjamin Lee, M. D., Philadelphia. *Committee of Publication*—W. B. Atkinson, M. D., Benjamin Lee, M. D., J. H. Musser, M. D., Edward Jack, son, M. D., Philadelphia; T. H. Helsby, M. D., Williamsport; E. Enfield, M. D., Bedford; W. G. Weaver, M. D., Luzerne. *Judicial Council*—John H. Packard, M. D., Philadelphia; John Curwin, M. D., Warren; A. H. Shaffer, M. D., Mifflin.

The next place of meeting will be Bedford, Pa., on the last Wednesday in June, 1887. The Committee of Arrangements include A. Enfield, M. D., Bedford; W. P. S. Henry, M. D., W. T. Hughes, M. D., S. H. Gump, M. D., and J. A. Clark, M. D., Bedford.

Dr. John V. Shoemaker, of Philadelphia, read an address on "Medicine," followed by Drs. J. H. Musser and F. Woodbury, of Philadelphia, on "The Treatment of Summer Diseases in Children," and "Puerperal Hemorrhagica," respectively. Dr. W. F. Waugh, of Philadelphia, read an interesting paper on "Typhoid Fever." Dr. E. A. Wood, of Allegheny county, delivered the president's annual address in the evening.

The Society dined at the Williamsport Hospital, and in the evening they were the guests of Reno Post 64, Grand Army of the Republic.

The last session of the Society was held on Friday, June 4, at the Academy of Music. papers were read by Dr. R. Leonard, of Carbon county, on "Obstetrics;" by Dr. T. V. Crandall, of Philadelphia, on "Additional Causes of Subinvolution of Uterus;" by Dr. W. H. Parcells, of Mifflin, on "Puerperal Convulsions;" and by Dr. A. Enfield, of Bradford county, on "The Antagonistic Drugs to be Employed in Typhoid Fever." A motion was made to defer the reading of other papers, and that they be given to the Committee on Publication.

Dr. Green read a resolution extending thanks to the retiring officers for their efficient work, to the people of Williamsport for their entertainment of delegates, to the press for their elaborate reports of the transactions, and to the railroad companies for giving the delegates reduced rates. This was passed by a unanimous vote. A motion was made and passed for the appointment of a committee of five to confer with the members of the Legislature about a bill relating to vivisection for scientific purposes. Dr. Benja-

min Lee offered a resolution that the Convention views with deep concern the attempt made to overthrow the National Board of Health, and that the delegates present urge upon the members of Congress from their respective districts the importance of affording the Board proper support. The resolution passed.

The committee appointed on vivisection are Drs. Woodbury, Jackson, Wood, Pollock, and May. The Convention then adjourned. It is agreed that this year's session has been the most successful ever held. About 120 delegates after the adjournment marched to the Philadelphia and Erie depot, where they took the excursion train for Watkins Glen. The excursionists returned to the city in the evening at 9 o'clock.

Correct List of the Officers of the Preliminary Organization of the Ninth International Medical Congress.

For the reason given by the *Journal of the American Medical Association* for publishing it, we reproduce from that journal (issue May 29) the following:

As several of the leading medical journals have recently attempted to give their readers a list of the general officers of the Congress and the presidents of the sections without taking the trouble to secure correctness, we think it proper to reproduce the general officers of the Congress, the members of the Executive Committee, and of the Local Committee of Arrangements at Washington, and the Presidents of the Sections, as arranged by the Executive Committee at its meeting on the 3d and 4th inst. It will correct the errors published by others, and will be useful for reference by correspondents.

FOR GENERAL OFFICERS OF THE CONGRESS.

President—N. S. Davis, M. D., LL. D., Chicago, Ill.

Vice-Presidents—W. O. Baldwin, M. D., Montgomery, Ala.; Wm. Brodie, M. D., Detroit, Mich.; W. W. Dawson, M. D., Cincinnati, O.; J. A. Grant, M. D., Ottawa, Canada; E. M. Moore, M. D., Rochester, N. Y.; Tobias G. Richardson, M. D., New Orleans, La.; Lewis A. Sayre, M. D., New York, N. Y.; J. M. Toner, M. D., Washington, D. C.; the President of the American Medical Association; the Surgeon-General of the United States Army; the Surgeon-General of the United States Navy; the Supervising Surgeon-General of the United States Marine Hospital Service.

Secretary-General—John B. Hamilton, M. D., Washington, D. C.

Treasurer—E. S. F. Arnold, M. D., New York, N. Y.

Chairman of the Finance Committee—Richard J. Dunglison, M. D., Philadelphia, Pa.

Chairman of the Executive Committee—Henry H. Smith, M. D., Philadelphia, Pa.

Chairman of the Local Committee of Arrangements—A. Y. P. Garnett, M. D., Washington, D. C.

Executive Committee of the Congress—Henry H. Smith, M. D., Chairman, Philadelphia, Pa.; N. S. Davis, M. D., LL. D., Chicago, Ill.; John B. Hamilton, M. D., Washington, D. C.; E. S. F. Arnold, M. D., New York, N. Y.; Richard J. Dunglison, M. D., Philadelphia, Pa.; A. Y. P. Garnett, M. D., Washington, D. C.; F. S. Dennis, M. D., New York, N. Y.; Abram B. Arnold, M. D., Baltimore, Md.; Wm. T. Briggs, M. D., Nashville, Tenn.; DeLaskie Miller, M. D., Chicago, Ill.; James F. Harrison, M. D., University Virginia, Va.; F. H. Terrill, M. D., San Francisco, Cal.; Wm. H. Pancoast, M. D., Philadelphia, Pa.; J. H. Callender, M. D., Nashville, Tenn.; A. B. Palmer, M. D., LL. D., Ann Arbor, Mich.; J. Lewis Smith, M. D., New York, N. Y.; E. Williams, M. D., Cincinnati, Ohio; S. J. Jones, M. D., LL. D., Chicago, Ill.; Wm. H. Daly, M. D., Pittsburgh, Pa.; A. R. Robinson, M. D., New York, N. Y.; Joseph Jones, M. D., New Orleans, La.; Albert L. Gihon, M. D., U. S. N., Washington, D. C.; Joseph P. Gray, M. D., LL. D., Utica, N. Y.; Jonathan Taft, M. D., Cincinnati, O.

Local Committee of Reception and Arrangement.—A. Y. P. Garnett, M. D., Washington, D. C., Chairman; the Surgeon-General of the U. S. Army; the Surgeon-General of the U. S. Navy; the Supervising Surgeon-General of the U. S. Marine Hospital Service; J. H. Baxter, M. D., U. S. Army; J. M. Toner, M. D., Washington, D. C.; N. S. Lincoln, M. D., Washington, D. C.; C. H. A. Kleinschmidt, M. D., Washington, D. C., and forty other members in the District of Columbia.

PRESIDENTS OF THE SECTIONS.

General Medicine.—Abram B. Arnold, M. D., Professor of Clinical Medicine, Baltimore, Md.

General Surgery.—William T. Briggs, M. D., Professor of Surgery, Nashville, Tenn.

Military and Naval Medicine and Surgery.—Henry H. Smith, M. D., formerly Professor of Surgery and Surgeon-General of Pennsylvania, Philadelphia, Pa.

Obstetrics.—DeLaskie Miller, Ph. D., M. D., Professor of Obstetrics, Chicago, Ill.

Gynecology—James F. Harrison, M. D., Professor of Medicine, Obstetrics, and Medical Jurisprudence, University of Virginia.

Therapeutics and Materia Medica—F. H. Terrill, M. D., Professor of Therapeutics, San Francisco, Cal.

Anatomy—William H. Pancoast, M. D., Professor of General, Descriptive, and Surgical Anatomy, Philadelphia, Pa.

Physiology—J. H. Callender, M. D., Professor of Physiology, Nashville, Tenn.

Pathology—A. B. Palmer, M. D., LL. D., Professor of Pathology and Practice of Medicine, Ann Arbor, Michigan.

Diseases of Children—J. Lewis Smith, M. D., Professor of Diseases of Children, New York, N. Y.

Ophthalmology—E. Williams, M. D., Professor of Ophthalmology and Otolaryngology, Cincinnati, Ohio.

Otolaryngology—S. J. Jones, M. D., LL. D., Professor of Ophthalmology and Otolaryngology, Chicago, Ill.

Laryngology—William H. Daly, M. D., Pittsburgh, Pa.

Dermatology and Syphilis—A. R. Robinson, M. D., Lecturer on Dermatology and Syphilis, New York, N. Y.

Public and International Hygiene—Joseph Jones, M. D., Professor of Chemistry and Clinical Medicine, New Orleans, La.

Collective Investigation, Vital Statistics, and Climatology—Albert L. Gihon, U. S. N., Washington, D. C.

Psychological Medicine and Nervous Diseases—John P. Gray, M. D., LL. D., Professor of Psychological Medicine and Medical Jurisprudence, Utica, N. Y.

Dental and Oral Surgery—Jonathan Taft, M. D., Professor of Dental and Oral Surgery, Cincinnati, O.

New York Medical Association.

The Third District Branch of the New York State Medical Association will hold its second annual meeting, in the court house at Binghamton, N. Y., Thursday, June 17, 1886.

OFFICERS.

President—Frederick Hyde, M. D., Cortland.

Secretary—Chas. W. Brown, M. D., Elmira.

COMMITTEE OF ARRANGEMENTS.

Drs. J. G. Orton, Chairman, C. B. Richards, S. P. Allen, C. W. Greene, J. H. Chittenden, F. W. Putnam.

ORDER OF BUSINESS.

Morning Session, 10 A. M.

1. Report of the Committee of Arrange-

ments. 2. Address by the President. 3. Report of Executive Committee. 4. Announcement of Nominating Committee.

The Committee of Registration will be at place of meeting at 9 a. m.

1. "Notes on some Forgotten, or Much-Neglected, Remedies and Therapeutic Measures," by Caleb Greene, M. D. 2. "Third Stage of Labor, with Special Reference to Retained Placenta," by H. C. Hendrick, M. D. 3. "The Ideal Physician," by Jennie Stevens Elder, M. D. 4. "Rectal Corrections," by Frank W. Ross, M. D. 5. Dinner at Hotel Bennett.

Afternoon Session.

6. "Aphasia," by S. M. Hand, M. D. 7. "Observations on Southern California as a Resort for Pulmonary Invalids," by Theron A. Wales, M. D. 8. "Two Cases of Trephining for Traumatic Epilepsy," by Carlos F. MacDonald, M. D. 9. "Fracture of the Base of the Cranium," by Frederick Hyde, M. D. 10. "Causes and Treatment of Pelvic Hæmatocele," by Ely Van De Warker, M. D. 11. "May Life be Shortened by the Medical Attendant in Incurable Patients to Abridge Intense Misery?" by Jonathan Kneeland, M. D. 12. "Splenic Leucocythæmia," by E. Lester, M. D. 13. "Uterine Hemorrhage during Labor," by B. T. Smelzer, M. D. 14. "Oxaluria," by A. R. Nicholson, M. D. 15. "Spinal Irritation as Observed in a Special Case," by Thurston G. Packer, M. D. 16. "Acute Peritonitis," by W. B. Marrow, M. D. 17. "Bright's Disease," by John H. Price, M. D. 18. "Eclampsia following Childbirth," by Jonathan Kneeland, M. D. 19. "The Shady Side and the Sunny Side of the Practice of Medicine," by J. M. Farrington, M. D.

Indiana State Medical Society.

Before the thirty-sixth annual session of the Indiana State Medical Society, which met in Indianapolis May 11, the following papers were read: "Diabetes Mellitus, with Cases," by Dr. Wilson Hobbs, of Knightstown. "Medical Properties of Fraxinus Americanus," by Dr. J. I. Rooker. "Etiology and Treatment of Acute Croupous or Lobar Pneumonia," by Dr. O. N. Huff. "Disinfectants," by Dr. Hibbard. "Laparotomy," by Dr. T. B. Harvey. "Emmenagogues," by Dr. E. Hadley. "Glimpses of a Few of the Ancient Beacon Lights of Medical History," by the President. "Urea," by Dr. C. S. Bond, of Richmond. "Hereditry," by Dr. Rachel Bailey. "Why, as a Rule, Does One Attack of a Specific Disease Pro-

tect from another of the Same Kind?" by Dr. S. H. Collins, of Laurenceburg. "Some Remarks on the Relation and Duties of the Physician to the Public," by Dr. J. W. Milan. "Locomotor Ataxia," by Dr. J. S. Gregg. "Washing out the Stomach as a Relief in certain cases of Obstruction of the Bowels," by Dr. Guido Bell. "Stricture of the Urethra," by Dr. D. C. Bryan. "Foreign Bodies in the Bladder," by Dr. L. H. Dunning. "Cystic Disease of the Testicle," by Dr. A. A. Hamilton. "Etiology of Pneumonia," by Dr. E. S. Elder. "Tumors of the Brain," by Dr. A. Hensly.

OFFICERS FOR THE ENSUING YEAR :

President—G. W. H. Kemper, of Muncie.

Vice-President—W. V. Wiles.

Secretary—E. S. Elder.

Assistant Secretary—J. McLean Moulder.

Treasurer—C. B. Higgins.

Philadelphia County Medical Society.

FEMALE PHYSICIANS—ILLEGAL PRACTITIONERS.

The Philadelphia County Medical Society, at its regular monthly meeting June 2, balloted for twenty-five candidates for membership, and elected them all except Dr. Clara Marshall, a Professor in the Women's Medical College, and a well-known woman physician, who failed to secure the necessary two-thirds vote. Dr. Marshall's name had been proposed several times before, and the vote has always been against her. It was decided to push the prosecution of illegal practitioners, and money was contributed for that purpose. Three bogus doctors have already been sentenced to imprisonment and fourteen more are under indictment.

Lactated Food.

Among the analeptics this preparation holds a deservedly high rank. It has long been familiar to the British profession, and has received the approval of some of the most competent English physicians. It has lately been introduced into this country by Messrs. Wells, Richardson & Co., whose advertisement will be found in another column. From some observations on its use made at our wish by good observers, we are enabled to recommend it as one of the best artificial food preparations which have been submitted to us.

Pure Pepsin.

The doubt which many physicians harbor in reference to the effect of pepsin arises

from their use of an article which is impure. We agree with several of our contemporaries in recommending to such the employment of the Crystal Pepsin, as prepared by Dr. Jensen, of Philadelphia. He has long and intelligently made a close study of the most scientific processes for obtaining this therapeutic substance in its greatest purity, and in a form least liable to undergo change. His success has been marked, and we can give personal testimony to the value of his product.

A Complimentary Dinner to Professor Pancoast.

A well-deserved honor will be the complimentary dinner tendered to the late Professor William H. Pancoast by the alumni of the Jefferson Medical College. The dinner will take place at the Hotel Bellevue on the 17th inst.

Items.

—Prof. Bartholow says that when the cause of jaundice has been removed, salicylic acid will remove the bile pigment from the blood more promptly than any other drug.

—Toothache, when caused by acidity of the saliva acting on the exposed nerves, is promptly relieved by a strong solution of bicarbonate of soda used as a mouth wash and dentrifice.

—An excellent local application for "swelled testicle" is a paste formed in equal parts of subnitrate of bismuth and water. It removes the pain at once, and gradually reduces the swelling.

—Dr. W. G. Watford (*Brit. Med. Jour.*) insists, after an extended trial of the drug, on the efficacy of arsenic as a prophylactic of scarlatina. The failure of belladonna in the same direction, will not prevent the putting of this new claim to the test.

—A report on the therapeutic value of pure terebene will be made to the Pharmacology and Therapeutics Section of the British Medical Association at its forthcoming meeting. This will probably determine the future of the remedy.

—In the past year the richest American merchant, H. B. Claflin; the richest American railroad man, W. H. Vanderbilt; and the richest American planter, Edmond Richardson, have died. It is notable that not one of the three died in his bed. One dropped dead at his desk, another in his hall, and the other in the street.